

WHISTLEBLOWING REPORTING FORM

The content of the form may contain confidential information. If you have received it in error, please delete it immediately and notify the sender of the erroneous delivery and the fact of its deletion.

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| PERSONAL INFORMATION | |
| NAME: | |
| CONTACT: | |
| PHONE: | |
| EMAIL ADDRESS: | |
| POSTAL ADDRESS: | |
| DETAILS OF ABUSE | |
| WHISTLEBLOWER CATEGORY: | |
| | <input type="checkbox"/> Employed (e.g. employee, contract worker, trainee, etc.) |
| | <input type="checkbox"/> Contractual partner (e.g. supplier) |
| | <input type="checkbox"/> Other (please specify): |
| TYPE OF ABUSE | |
| | <input type="checkbox"/> Financial misuse |
| | <input type="checkbox"/> Workplace irregularities |
| | <input type="checkbox"/> Environmental abuse |
| | <input type="checkbox"/> Violation of sexual self-determination |
| | <input type="checkbox"/> Violation of the Code of Ethics |
| | <input type="checkbox"/> Other (please specify): |
| A BRIEF, CONCISE AND ACCURATE DESCRIPTION OF THE ABUSE: (PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE ABOUT THE ABUSE, INCLUDING SPECIFIC EVENTS, DATES AND PARTIES INVOLVED) MAX. 1000 CHARACTERS | |
| NAMES AND CONTACT DETAILS OF POSSIBLE WITNESSES (IF THERE ARE PERSONS WHO WITNESSED THE ABUSE, PLEASE PROVIDE THEIR NAMES AND CONTACT DETAILS IF POSSIBLE) MAX. 1000 CHARACTERS | |
| COMMENTS AND/OR OTHER RELEVANT ADDITIONAL INFORMATION | |

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| <p>(HERE THERE IS AN OPTION TO ADD ANY ADDITIONAL INFORMATION THAT THE WHISTLEBLOWER CONSIDERS RELEVANT.) MAX. 1000 CHARACTERS</p> | |
| <p>I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ACCURATE AND RELIABLE. I AM AWARE THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY HAVE SERIOUS DISCIPLINARY, EMPLOYMENT, CIVIL, COMPENSATORY AND/OR CRIMINAL CONSEQUENCES. PLEASE MARK WITH AN "X" IF YOU AGREE WITH THIS STATEMENT.</p> | <input type="checkbox"/> Yes |
| <p>I HAVE READ THE PRIVACY NOTICE.</p> | <input type="checkbox"/> Yes |
| <p>I CONSENT TO THE PROCESSING OF MY DATA IN ORDER TO FACILITATE THE CONDUCT OF THE WHISTLEBLOWING INVESTIGATION. <i>(IF YOU ANSWER "NO", YOUR REPORT WILL BE CONSIDERED AS A REPORT FROM AN UNKNOWN PERSON.)</i></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>DATE:</p> | |
| <p>SIGNATURE (ONLY IF YOU SUBMIT A SCANNED DOCUMENT)</p> | |
| | <p>SUBMIT</p> |