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# Whistleblowing Reporting Form

## Reporter's identifying data

Name and Surname	
Tax Code	
Address	
Telephone number for possible contact	

*Note: In case of anonymous reporting, filling out this table is not required*

## Data and information on the reported violation

Date of the occurred incident	
Location of the violation (inside or outside the office)	
Author(s) of the incident (provide personal details if known or any other element suitable for identification)	

*I believe that the committed or attempted actions or omissions are:*

- Criminally relevant.
  - Carried out in violation of the code of conduct or other provisions subject to disciplinary action.
  - Likely to cause financial harm to the organization, the client, or another entity.
  - Likely to damage the organization's image.
  - Other \_\_\_\_\_
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*What is your level of involvement in the incident:*

- Victim.
- Witness.
- Person to whom the incident was reported.

*Brief factual description of the reported subject*

*To your knowledge, are there other people aware of the incident?*

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*Possible other parties to whom the same report has been submitted:*

Name and Surname	Data	Possible follow-up

*Report date:* \_\_\_\_\_

*Signature (only in case of non-anonymous reporting):* \_\_\_\_\_

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