Country you are in at the time of reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country in which you usually work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country in which the incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of the incident(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your status (internal: Employee on fixed-term or permanent contracts, apprentice, trainee, occasional Employee - external: customer, supplier, subcontractor, other)? \_\_\_\_\_\_\_\_\_\_\_

**Do you wish to remain anonymous: YES  NO**

N.B.: if yes, you must not provide any information relating to your identity. In this case, you must provide us with an anonymous email address, so that we can contact you and inform you of developments in the processing of the Alert.

Surname and first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of the company that employs you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To which of the following categories do the acts relate?**

* Insider Trading
* Corruption
* Fraud
* Bullying/sexual harassment
* Discrimination
* Security
* Health/Hygiene
* Human Rights
* Conflicts of interests
* Anti-competitive practices
* Environment
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please set out your concerns below. We ask you to give as much information as possible: when and where did the acts occur? Who is/are the person(s) involved? What is/are the possible victim(s)? What are the potential consequences (financial or other)?

Depending on the state of your knowledge, are the acts currently continuing?

If the acts involve other people or companies, can you please specify their identity?

Click or tap here to enter text.

Free text (you can add text pages and documents relating to this Alert)

Have you told anyone about it? YES  NO

If yes, can you give us the name/s and contact details of this/these person(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_