

INTERNAL REPORTING FORM

Date:	
Personal data of the reporting person/do not fill in if the report is submitted anonymously/:	
Name and surname:	
Post:	
Internal unit:	
Whistleblower's contact data:	
Info concerning the violation of the law:	
Date of obtaining information about the breach/date of the breach:	
Does the violation concern legal provisions or internal regulations? If so, which ones:	<i>(specify the legal provisions to which the reported violation applies)</i>

<p>Characteristics of the violation of law – describe:</p> <ul style="list-style-type: none"> - circumstances of the violation (time, place, context, method of obtaining information), - persons participating in the violation, - persons affected by the violation, - persons with whom the reporting party contacted regarding the violation, including whether the violation was reported to another body, and if so, to which body and when, - whether there are any witnesses to the violation, if so, provide information allowing their identification, - any other circumstances that may be relevant to the case. 	
<p>Type of irregularity – please tick as appropriate /please tick all applicable violations/</p>	<p><input type="checkbox"/> violation of legal regulations:..... <i>/specify regulations/</i></p> <p><input type="checkbox"/> abuse of authority</p> <p><input type="checkbox"/> failure to fulfil obligations</p>

	<input type="checkbox"/> others
Area of irregularity – please mark the appropriate area/areas:	Area of irregularities – the appropriate area/areas should be marked: <ul style="list-style-type: none"> <input type="checkbox"/> corruption, <input type="checkbox"/> public procurement, <input type="checkbox"/> financial services, products and markets, <input type="checkbox"/> counteracting money laundering and terrorism financing, <input type="checkbox"/> product safety and compliance with requirements, <input type="checkbox"/> transport safety, <input type="checkbox"/> environmental protection, <input type="checkbox"/> radiological protection and nuclear safety, <input type="checkbox"/> food and feed safety, <input type="checkbox"/> animal health and welfare, <input type="checkbox"/> public health, <input type="checkbox"/> consumer protection, <input type="checkbox"/> protection of privacy and personal data, <input type="checkbox"/> security of networks and IT systems, <input type="checkbox"/> financial interests of the State Treasury of the Republic of Poland, local government units and the European Union, <input type="checkbox"/> the internal market of the European Union, including public law principles of competition and state aid and taxation of legal persons, <input type="checkbox"/> constitutional freedoms and rights of a person and a citizen – occurring in the relations of an entity with public authorities and not related to the areas indicated in the previous points.

	<input type="checkbox"/> Code of Conduct
Evidence: does the whistleblower have evidence of infringement, if so, please indicate:	
Declarations of the whistleblower: <input type="checkbox"/> I declare that I am acting in good faith and my goal is not to gain profit <input type="checkbox"/> I have reasonable grounds to believe that the information that is the subject of the report or public disclosure is true at the time of making the report or public disclosure and that it constitutes information about a violation of the law, <input type="checkbox"/> my report is complete to the best of my knowledge, I disclose all circumstances and facts known to me regarding the violation, <input type="checkbox"/> I have read the content of the information on the principles of processing personal data in connection with reporting irregularities <input type="checkbox"/> I consent to the disclosure of my identity, I know that I have the right to withdraw my consent at any time, without the impact on the	

lawfulness of processing carried out before the withdrawal of consent.	
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Date and whistleblower's signature: