## **Whistleblower’s report template**

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| **1.  Description of violation***(Please provide the information at your disposal on the possible violation. Please mention any particular facts or circumstances, which acknowledge the violation (for instance, date, location, wherein the possible violation was observed), involved natural or legal persons, positions of the persons involved. If there is any evidence at our disposal (for instance, documents, photos, e-mail communications), please attach it to the report.* |
|  |
| **2. Information acquisition** *(relation to employment)**(Your relation to BTA (please select the appropriate option)* |
| [ ]  I work at BTA *(I perform my employment (professional) duties herein)*[ ]  I carry out work for BTA *(for instance, I render services, however, I have a contract with a different company)*[ ]  I render services to BTA [ ]  I have observed a possible violation while establishing legal relationships[ ]  I have observed a possible violation while being engaged in traineeship[ ]  I used to work for BTA and I observed a possible violation back then[ ]  other kind of relation *(specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **3. Please specify the company interests and the particular representatives of the company, as well as the detrimental effect, which the violation mentioned might cause thereto***(Reporting only on damage to personal interests shall not be considered whistleblowing)*  |
|  |
| **4. Have you reported the violation before?** *(Please select the appropriate option and provide the necessary comments)* |
| [ ] no, this is the first time the violation is reported[ ]  yes, I have reported it at my workplace having used the internal whistleblowing option [ ]  yes, I have reported it to another institution *(specify the institution)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other information, comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5. Attitude towards ongoing communication**(*Please select if applicable*) |
| [ ]  **I do not wish** to receive confirmation of receipt of the report[ ]  **I do not wish** to receive the decisionon acknowledgement of the report as whistleblowing oracknowledgment the report is not considered whistleblowing |
| **6. Annex***(Specify the documents attached to the report, which in your opinion acknowledge the possible violation. If you have specified that this violation had already been reported, please attach the response that you had received if any)* |
| 1.2.3. .. |
| **7. Information about the person submitting the report** |
| Name, surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact details: *(Address, e-mail, phone number or other information intended to contact you, inter alia to send you the response on the course of assessment or the additional information obtained)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **8. Submission date****\_\_ \_\_\_\_\_\_\_\_ 20\_\_** |

Having submitted the Whistleblower’s report, I hereby

**confirm that I consider the information provided within the report true, I hereby act in good faith and I acknowledge that deliberate misreporting shall not be regarded as whistleblowing and that I might be held liable therefor according to the procedure envisaged by the regulatory enactments.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(signature)*

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**I. Information on ongoing communication:**

**1)** in 7 days, you will receive acknowledgement of receipt of the report *(unless you have specified in article 5 of the report that you do not wish to receive the acknowledgement);*

**2)** in 3 days, after the decision will have been made on acknowledgement of the report provided by you as Whistleblower’s report, you will receive the response on the decision made on acknowledgement of the report as whistleblowing oracknowledgment the report is not considered whistleblowing *(upon the use of the contact details provided by you in article 7 of the report, unless you have specified in article 5 of the report that you do not wish to receive the decision);*

**3)**if required by assessment of the Whistleblower’s report, you might be contacted to obtain additional information;

**4)** if the report provided by you shall be acknowledged as Whistleblower’s report, BTA will inform you thereupon:

 - on the course of assessment of the report within 2 months as of the day, when your report is acknowledged as a Whistleblower’s report;

 - upon completion of assessment of the Whistleblower’s report - the facts established and the decision made or actions undertaken.

**5)** in case of any additional questions please contact BTA’s Responsible person in charge of whistleblowing issues by e-mail whistleblowing@bta.lv

**II. Information on personal data processing**

**1)** The purpose of data processing is implementation of BTA internal Whistleblowing system performed in the framework of Risks management organization.

**2)** BTA Baltic Insurance Company AAS, registration number 40103840140, legal address: Sporta iela 11, Rīga, LV-1013, Latvia is personal data controller.

**3)** Learn more about personal data processing on BTA website https://www.bta.lv/kontakti/privatuma-politika.