

REPORT CARD

Submission Date:
Whistleblower's Name:
Job/function:
Contact information:
The date on which the Violation occurred or the date on which the Violation became known:
Indication of legislation that the Report concerns:
Nature of irregularities: <ul style="list-style-type: none">• failure to comply with obligations• abuse of power• violation of regulations (indicate).....• other (what?)

Additional description of the subject of the Violation:

(Description of the circumstances of the Violation and how knowledge of it was obtained, including persons relevant to its occurrence, indication of time and place, indication of potential witnesses (including persons contacted by the

Whistleblower in the case)

Indication of evidence relevant to the case:

Potential witnesses to the Violation (name of witness):

Whistleblower statement:

I declare that by making this Report:

1. I am acting in good faith.
2. I have a reasonable belief that the information contained in the Violation Report is true.
3. The information disclosed is true to the best of my knowledge and I disclose all facts and circumstances known to me concerning the subject of the Report.

I am aware of the ARGOS Internal Report Regulations and the accompanying information notice, available at [Whistleblower Policy \(argosmultilingual.com\)](http://argosmultilingual.com/Whistleblower Policy)

.....
Date and signature of the Whistleblower

Optional:

I consent to the disclosure of my personal information to the person to whom the Report relates. I can withdraw my consent at any time. Withdrawal of consent has effect for the future and does not affect the legality of processing that was carried out on the basis of consent before its withdrawal.

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Date and signature of the Whistleblower

Report Number assigned by ARGOS:	
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