

# Report whistleblower

Answer as many questions as possible and provide detailed information. If you do not have the requested information, leave the answer field blank or fill in 'no'.

As a reporter, you can also choose to remain anonymous. If you wish to keep your identity anonymous you should indicate how CMS De Backer can contact you to provide the necessary feedback.

| Contact details of reporter (not to be filled in if anonymous) |  |
|----------------------------------------------------------------|--|
| First name + surname:                                          |  |
| City:                                                          |  |
| Email:                                                         |  |
| Mobile phone number:                                           |  |

| Contact details of the anonymous reporter (Choose how CMS De Backer may contact you) |  |
|--------------------------------------------------------------------------------------|--|
| Email (can be a temporary (new) mail address)                                        |  |
| Mobile phone number:                                                                 |  |

| Breach of the following areas of the law (put a cross by the correct breach) |                                                                                                  |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                     | Social fraud, tax fraud                                                                          |
| <input type="checkbox"/>                                                     | Public procurement                                                                               |
| <input type="checkbox"/>                                                     | Financial services, products and markets, prevention of money laundering and terrorist financing |
| <input type="checkbox"/>                                                     | Product safety, product conformity and consumer protection                                       |
| <input type="checkbox"/>                                                     | Transport safety, radiation protection and nuclear safety, public health                         |
| <input type="checkbox"/>                                                     | Protection of the environment, food and feed safety, animal health and welfare                   |
| <input type="checkbox"/>                                                     | Protection of privacy and personal data, and security of network and information systems         |
| <input type="checkbox"/>                                                     | Internal fraud                                                                                   |
| <input type="checkbox"/>                                                     | Other                                                                                            |

**If you chose 'other', please explain further here:**

**What is your relationship to NBN?**

For example employee, supplier, etc

**What happened?**

Please describe the incident as accurately as possible.

**When did it happen?**

Give the day and time or a period of time. Be as accurate as possible.

**Where did it happen?**

Where did the incident take place? For example, at the office of NBN.

**What is your role or involvement in the incident?**

For example witness, victim, ...

**Are there any witnesses to the incident?**

Please provide the name and any contact details. Are any other persons aware of the incident?

**Has this incident occurred before?**

Please describe any previous incidents.

**Do you wish to add any information?**

If you have any evidence or documentation, it can be sent as an attachment by email or post to CMS De Backer.