**Whistleblower message template**

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| 1. | Name and surname of the whistleblower\*\* |   |
| 2. | Phone number \*\* |   |
| 3. |  E-mail\*\* |   |
| 4. | Postal address\*\* |   |
| 5. | I give/do not give my consent to the processing of my personal data\*\* |   |
| 6. | I provide information anonymously |   |
| 7. |  Information about the person who, in your opinion, committed a corruption or corruption-related offense\*\* (must indicate the offender's full name) |   |
| 8. |  The official\*\* |  Head , Deputy Head of the  Territorial Department of the ESBU An employee who has a special title (detective, analyst, operational officer) of the ESBU. Government employee of the  ESBU Another worker of the ESBU  (emphasis required) |
| 9. |  Factual data confirming the possible commission of a corruption or corruption-related offense, other violations of the Law of Ukraine "On Prevention of Corruption" which can be verified |   |
| 10. |  Raise an issue\*\* |  Acceptance of an offer, promise or receipt of an improper benefitFailure to comply with the restriction on receiving giftsFailure to comply with restrictions on co-operation and co-operation with other types of activitiesViolation of the requirements for the prevention and settlement of conflicts of interestViolation of the rules of ethical behaviorViolation of financial control requirementsViolation of requirements for transparency and access to informationNon-observance of restrictions on the joint work of close personsFailure to comply with restrictions on the use of official powers or one's positionViolation of whistleblower protection rights and guarantees(emphasis required)  |
| 11. |  Place of violation\*\* |   |
| 12. |  Date and time of the offense committed |   |
| 13. |  Circumstances of the offense |   |
| 14. | List of supporting materials |   |
| 15. |  The information provided by you is related to \*\* |  Labor activityProfessional activityEconomic activityPublic activityOfficial activityParticipation in procedures prescribed by law, which are mandatory before starting the above-mentioned types of activities(emphasis required) |
| 16. |  Do you have confidence in the reliability of the provided information\*\* |  Yes, I have/no, I don't have(emphasis required) |
| 17. |  Acquainted with the information on the requirements for reporting violations of the Law of Ukraine "On Prevention of Corruption" and the procedure for their consideration \*\* |  Yes/ No(emphasis required) |

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 *mandatory to fill*