

Whistleblower Report Form

ADDRESS
Please indicate the institution/organization to which you are addressing this report
SIA “Kronospan Riga”, Riga, Daugavgrīvas šoseja 7B, LV-1016.

1. DESCRIPTION OF THE VIOLATION
Provide the information you have about the possible violation . Mention specific facts or circumstances that indicate this (e.g., date, place where the possible violation was observed), natural or legal persons involved, positions of the persons involved. If you have evidence (e.g., documents, photographs, e-mail correspondence), attach it to the report or indicate where it can be found.
2. Method of obtaining the information (work-related)
Your connection to the organization where the possible violation was observed (check the appropriate box):
<input type="checkbox"/> I work for the organization (I perform work (job, service) duties there) <input type="checkbox"/> I perform work for the organization, but I do not have a contractual relationship with it <input type="checkbox"/> I provide services to the organization <input type="checkbox"/> I observed the possible violation while establishing legal relations <input type="checkbox"/> I observed a possible violation while on an internship <input type="checkbox"/> I used to work for this organization and observed a possible violation during that time <input type="checkbox"/> other connection with your work environment (please specify) _____
3. INDICATE THE PUBLIC INTERESTS AND REPRESENTATIVES OF THE PUBLIC AFFECTED, AS WELL AS THE HARM THAT THE VIOLATION CAUSES OR MAY CAUSE¹

¹ Reports based only on personal issues are not treated as whistleblowing.

4. HAVE YOU REPORTED THE VIOLATION BEFORE

(check the appropriate box, provide necessary comments)

- no, this is the first time I have reported it
- yes, I reported it at my workplace using the internal whistleblowing mechanism
- yes, I reported it to another institution (specify which one) _____

Other information _____

Comments

5. ATTITUDE TOWARDS FURTHER COMMUNICATION AND DISCLOSURE OF THE VIOLATION

(check if applicable)

- I do not wish** to receive confirmation of receipt of the report²
- I do not wish** to receive a decision on whether my report is recognized as a whistleblower report
- if my report helps to uncover a violation, **I consent to** the publication of information about the violation, in accordance with Section 7, Paragraph 9 of the Whistleblowing Law³

6. ATTACHMENTS

Please indicate any documents attached to the report that, in your opinion, confirm the possible violation. If you have indicated that you have previously reported this violation, please attach the response you received.

- 1.
- 2.
- 3.
- ..

² This does not apply if an automatic notification of receipt of an electronic document is sent in accordance with Cabinet Regulation No. 473 of June 28, 2005 "Procedures for the preparation, formatting, storage and circulation of electronic documents in state and local government institutions and procedures for the circulation of electronic documents between state and local government institutions or between these institutions and natural and legal persons."

³ The information shall be published without revealing or compromising the identity of the whistleblower and in compliance with general data protection requirements.

7. REPORTER INFORMATION
First name, last name
Contact details, including address*
(residential address and other information on how to contact you (e.g., e-mail or telephone number) in order to send a response, information on the progress of the examination, or request additional information)
8. DATE OF SUBMISSION

* The address must be provided in accordance with the requirements of the Law on Submissions. If the contact information you have provided changes during the review of the report, please inform us.

By submitting a whistleblowing report, I

certify that I consider the information provided in the report to be true, that I am acting in good faith, and that I understand that knowingly providing false information is not considered whistleblowing and that I may be held liable for it in accordance with the procedure established by regulatory enactments.

If the report does not meet the requirements of the Whistleblowing Law and is not recognized as a whistleblower report, it will be considered as a private individual's submission, or the institution will take other action in accordance with the content of the report and will inform you accordingly.

_____ (signature)

Important. The whistleblower report must be signed. Please submit an electronically signed report to whistleblowing@kronospan-riga.lv or send a hand-signed report to SIA "Kronospan Riga", legal address: Riga, Daugavgrīvas šoseja 7B, LV-1016.

To be completed by the institution/organization

Date of registration of the application _____ No._____

INFORMATION ABOUT FURTHER COMMUNICATION:

- You will receive **confirmation of receipt of your report** within seven days (unless you indicated in point 5 that you do not wish to receive confirmation).
- within three days after a decision has been made to accept your application as a whistleblowing report, you will receive **a response regarding the decision to accept/reject the report as a whistleblowing report** (using the contact information provided in point 7 of your report, unless you indicated in point 5 that you do not wish to receive the decision)
- if necessary for the examination of the whistleblower report, you may be contacted to obtain additional information
- if your submission is recognized as a whistleblowing report, the recipient **will inform** you:
 - * **on the progress of its examination** within two months from the date when your application was recognized as a whistleblowing report
 - * Once the whistleblower report investigation is completed, the submitter will be **notified of the findings and any resulting decisions or actions**
- in case of uncertainty, you can contact the contact person at SIA "Kronospan Riga" for whistleblowing issues: Senior Lawyer +371 27 007 511 or +371 67 430 091.