

Whistleblowing Report Form

General information about the Whistleblower¹:

Surname and first name:

Your relationship with POST:

Telephone number:

Email:

Incidents that prompted you to initiate this official process:

If necessary, use a separate sheet to complete the form.

When? Specify the dates and, if applicable, the times of the incidents	Where? Specify the location where the incident took place	Witnesses? If there were witnesses, specify who they were	Description List the facts, words and behaviours observed as precisely and chronologically as possible	Proof Do you have concrete evidence regarding the facts described in the internal report (e.g. a document, file, etc.)? If yes, please specify which one and attach it to the form

¹If the internal whistleblowing report is made anonymously, it may be difficult for POST to (i) send an acknowledgement of receipt to the internal whistleblower, (ii) contact the internal whistleblower in order to obtain information that may be necessary or useful for carrying out full and proper investigations, (iii) provide feedback to the internal whistleblower, and (iv) protect the internal whistleblower from any reprisals.

Previous measure(s) prior to this report:

Please specify, if applicable, the steps you have taken to date.

	Yes / No	What were the results?
Have you communicated with the person(s) concerned in relation to the facts mentioned above?		
Have you asked for help or support from a third party?		

Other preliminary steps taken, if applicable:

Other comments:

Please add any comments you think are useful.



I report these facts in good faith and declare that this document is a true statement.

I have read the Whistleblowing and Whistleblower Protection Procedure, and I undertake and confirm that this declaration is made in accordance with the principles set out in the said procedure. I am also aware that false accusations will not be tolerated and may lead to legal actions against the person making the false accusations.

The data contained in this form will be processed by the Ethics Committee in accordance with the provisions in force². The analysis and processing of the alert will take place within a reasonable time.

In order to preserve the integrity of the whistleblowing process and maintain the necessary discretion, I undertake not to discuss it with anyone other than those who need to know.

Please send this completed form in an envelope marked 'CONFIDENTIAL' by post to the following address:

POST Luxembourg
Ethics Committee
L-2020 Luxembourg

or by email to: ***ethique@post.lu***

Surname, First name:

Signature:

Date:

²Law of 16 May 2023, transposing Directive (EU) 2019/1937; "National Business and Human Rights" Pact; Whistleblowing and Whistleblower Protection Procedure; Operating Principles of the Works Council; GDPR Information Notice