


niveko

CUSTOM BUILT MONOPOOLS

Please answer the questions below and give us as much detail as you have about the matter. If you do not have any information, leave the answer field blank.

 simonianca@niveko.cz

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 NIVEKO s.r.o., Nivnická 2716,
688 01Uherský Brod
Czech Republic

1. COMPANY

Please tick the company to which your report relates (or the company you work for)

NIVEKO s.r.o.

Other - assuming that you perform work or other similar activity for NIVEKO s.r.o. - be specific:

2. WHAT AREA DOES YOUR REPORT CONCERN?

Please tick the appropriate option:

Violations of the Labour Code

Protection of safety, life and health

Damage to property of the Company/third parties

Damage to the reputation of the Company/third parties

Financial, accounting, tax matters

Violations of legislation on the prevention of money laundering and terrorist financing

Violations of consumer protection legislation

Violations of legislation on compliance with product requirements, including product safety

Violations of legislation on transport safety, transport and road traffic

Violations of environmental legislation

Violations of competition, public auction and public procurement legislation

Violation of legislation in the field of personal data protection, privacy and the security of electronic communications networks and information systems

Violation of legislation on the protection of the European Union's financial interests

Violation of legislation on the functioning of the internal market, including competition law and state aid under EU law

Other - state which:

3. WHAT HAS OCCURRED?

Please describe the entire incident in detail.

4. WHERE DID THIS OCCUR?

Please state exactly where the incident occurred (town/city, address), if you know this information.

5. WHEN DID THIS OCCUR AND HOW LONG DID IT LAST?

State the date, time, period or other details of when the incident occurred, if known.

6. WHO WAS INVOLVED IN THE INCIDENT (WHICH PERSONS) AND WHO KNOWS OR HAS BEEN INFORMED ABOUT THE INCIDENT?

State the names, or other details, addresses, etc. of persons or companies that you believe or have at least reasonable grounds to suspect are involved in the incident and the names of other persons or companies that have learned of or been informed of the incident.

7. WHAT ACTION HAVE YOU TAKEN IN RELATION TO THE INCIDENT?

Please indicate what action you have already taken, when you did so, and whether any measures have been taken.

8. PLEASE STATE YOUR NAME, SURNAME, DATE OF BIRTH AND CONTACT DETAILS

You may remain anonymous, but it would be helpful if you provide your contact details (telephone number and email) so that we can inform you of the receipt and assessment of the report, or so that we can contact you if any additional information is needed to assess the information and incidents in your report. An anonymous report is also not considered to constitute a report under the Act.

9. ATTACH THE DOCUMENTS/EVIDENCE YOU HAVE RELATING TO THE INCIDENT

Please attach to your report any documents and other evidence relevant to the matter, if available and specify them below.

10. IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?

Please write it here for us.