



## Violation Report Form

Document Number: SYN ABMS\_8.9a

Version: 1.0

Date: 20/05/2024

## Violation Report Form

### Anti-Bribery Management System (ABMS) Violation Report Form

This report form is designed for the confidential reporting of any potential or actual violations of the Anti-Bribery Management System (ABMS) as per ISO 37001 guidelines. Please provide as much detail as possible to assist in the investigation process. All reports will be treated confidentially and may be submitted anonymously if desired.

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#### SECTION 1: REPORTER INFORMATION (Optional)

Please note: You may choose to leave this section blank if you wish to remain anonymous.

- **Name:** \_\_\_\_\_
- **Position:** \_\_\_\_\_
- **Department:** \_\_\_\_\_
- **Contact Information (Email/Phone):** \_\_\_\_\_



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### SECTION 2: DETAILS OF THE VIOLATION

Please provide information about the incident or activity you are reporting. Be as specific as possible.

- **Date of the Incident:** \_\_\_\_\_
- **Location of the Incident:** \_\_\_\_\_
- **Department or Area Involved:** \_\_\_\_\_
- **Names of Individuals Involved:**

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- **Nature of the Violation:**  
*(Please check all that apply)*
  - Bribery (Offering or accepting bribes)
  - Facilitation Payments
  - Improper Gifts or Hospitality
  - Conflicts of Interest
  - Improper Conduct by Third Parties (e.g., vendors, suppliers, agents)
  - Breach of Anti-Bribery Policies and Procedures
  - Failure to Report Bribery Risks or Incidents
  - Other (Please specify): \_\_\_\_\_



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### SECTION 3: DESCRIPTION OF THE VIOLATION

Please provide a detailed description of the violation, including how and when it occurred. Include all relevant details (e.g., any conversations, transactions, or agreements that took place).

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### SECTION 4: EVIDENCE OR WITNESSES

Provide information about any evidence or witnesses that can support your report.

- **Do you have any physical evidence (documents, emails, etc.)?**

- Yes
- No

If yes, please describe: \_\_\_\_\_

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

- Yes
- No

If yes, please provide names and contact details of witnesses:

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### SECTION 5: PREVIOUS ACTIONS TAKEN

Please describe any actions you or others have already taken to address the issue. For example, have you reported it to your manager or another department?

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### SECTION 6: ADDITIONAL INFORMATION

Please provide any additional information that may help in the investigation.

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### SECTION 7: PREFERRED FOLLOW-UP

Please indicate how you would prefer the company to follow up on this report.

- I wish to remain anonymous.
- I am willing to be contacted for further information (please provide contact details in Section 1).
- I would like to receive feedback on the outcome of the investigation (if contact details provided).

### SECTION 8: SIGNATURE (Optional)

*(Required only if not reporting anonymously)*

- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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### SUBMISSION INSTRUCTIONS:

This report can be submitted through one of the following methods:

- **Email:** Send to [n.belesakou@syn-lab.gr](mailto:n.belesakou@syn-lab.gr)
- **Physical Submission:** Drop the form at the office to Ms N. Belesakou
- **Via google form:** <https://forms.gle/XMY8QkAB9FWUq4c7A>
- **Phone:** 216 9390105 (int 1000)

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### CONFIDENTIALITY NOTICE:

All reports will be handled with strict confidentiality. Your identity will not be disclosed unless required by law or if you have given consent for follow-up communication. Anonymous reports are also accepted and encouraged in case of any fear of retaliation.