**ICLEI Whistle-blower mechanism**

**FEEDBACK FORM**

Please fill in the following template and send to [iclei.whistleblower@iclei.org](mailto:iclei.whistleblower@iclei.org) to submit your feedback.

|  |
| --- |
| **Contact & Response** |
| Anonymous submissions are possible, and your report will still be processed, however if in all cases you need to provide an email or a telephone number so that we can exchange with you and inform you of the result of the whistleblower investigation process |
| **Name:** |
| **Email:** |
| **Telephone:** |
| **Other - Fax or Address:** |
| I wish to receive a direct response but do not want my name shared in the Whistleblower process  I wish to receive a direct response and have no issues with being identified by name in the Whistleblower process |
| 🗁*Whistleblower reporting will in any case be treated confidentially at any time in order to prevent any retaliation. In this context, the ICLEI Whistleblower reporting team (IWT) will always handle complaints keeping the Whistleblower identity confidential. This means that the* ICLEI *IWT will share the concerns raised in your request with relevant ICLEI staff and implementing organisations, and take remedy measures but your name and other details that would identify you will not be shared.* |
| **What association to the feedback subject matter do you have?** |
| ICLEI World Secretariat current staff (employee, trainee, intern) |
| ICLEI World Secretariat former staff (employee, trainees, intern) |
|  |
| **The activity, process or project for which you would like to whistleblow** |
| Name/type of ICLEI project/activity/process  *Please name or describe the ICLEI project/activity that raises concerns* |
|  |
| City, Country |
|  |
| Name of the implementing organisation(s) (if relevant): |
|  |
|  |
| **Categories of complaints**  Does your complaint relate to one or several of the following categories: |
| **Violation of criminal law** (Art 2.1(1) HinSchG ), serious crimes usually punished by imprisonment under German Law  *Please specify which criminal law is concerned*  **Violation punishable by a fine** (Art 2.1(2) HinSchG**)** minor crimes that are punished by penalties or fines, for infringing regulations on **Health & the protection of the rights of employees** or their representative bodies. E.g. workplace health and safety, violations of the Minimum Wage Act or provisions on fines that sanction violations of the duty to provide information to organs of the workers' constitution such as staff councils.  *Please precise which regulations on Health & the protection of the rights of employees is concerned*  **Violation of** the following Regulations (Art 2.1(3 et seq.) HinSchG**) in any cases**  Money Laundry & Financing Terrorism  Transport (rail regulations, road safety, maritime transport regulations & aviation safety)  Environmental Protection Requirements  Promotion of the use of renewable energy and energy efficiency  Food safety  Consumer Rights and Consumer Protection  Protection of Personal Data for everything as well as Privacy and Confidentiality for electronic communications  Right of Shareholders  Audit of companies of public interest  Tax violation  Public Procurement rules  Financial fraud or violation affecting the EU  EU Competition laws  Statements made by civil servants that constitute a violation of the duty of loyalty to the constitution |
| Please describe the type of violation reported |
|  |
| **Additional context with relevant extenuating circumstances:** |
| **Reprisals/retaliation related to the project or a complaint:** |
| Do you fear risk of retaliation for sharing your concerns? |
| Yes No |
| Have you experienced intimidation/retaliation for trying to complain? |
| Yes No |
| If so, please describe what has happened to you and by whom: |
|  |
|  |
| **Have you already addressed a complain through another redress mechanism unsuccessfully?**  *This may include access to grievance/redress mechanisms, dispute resolution processes, or Work Council.* |
| Yes No |
| Contact that processed the complaint (i.e. name, email, department): |
|  |
| Additional documents/files: |
|  |
|  |
| **I confirm that the information submitted is truthful to the best of my knowledge:** Yes No |
|  |
|  |
|  |