Complaint and Incident Reporting Form

Please complete the form below if you wish to submit a complaint or report concerning potential financial misconduct, fraud, corruption, or other irregularities. Your report will be treated confidentially, and appropriate actions will be taken to clarify the situation.

The report will be processed in accordance with the Foundation's established reporting procedures. More information can be found on the Foundation's website at: https://pcpm.org.pl/en/important-documents-2/

1.	CONTACT DETAILS – Provide your name and preferred method of contact (e.g., phone – preferred contact hours, email)*
2.	INFORMATION ABOUT THE PERSON SUSPECTED OF MISCONDUCT – name, surname, position, contact details*
3.	RELATIONSHIP TO THE PERSON SUBJECT TO THE REPORT – e.g., supervisor, colleague, acquaintance, contractor, beneficiary, other*
4.	PLACE OF INCIDENT – country, city, location or address*
5.	WHEN THE INCIDENT OCCURRED – if possible, provide a date or time range*
6.	DETAILED DESCRIPTION OF THE INCIDENT – provide as much information as possible, including people involved and any evidence or details that may help clarify the situation*

7.	PREFERRED RESOLUTION OF THE CASE
8.	ADDITIONAL INFORMATION – If you have documents, photos, or other evidence that may help understand or clarify the complaint or report, please attach them to your message.
Declar	ant's Statement:
I decla	re that the information provided is truthful and that this report is accurate and complete.
	nd place of submission

^{*} Fields marked with an asterisk are mandatory. Failure to complete a field or providing false information may result in the inability to conduct the procedure or the inability to inform you about the initiation of proceedings, its results, or to obtain additional key information related to the report.