**REPUBLIC OF BULGARIA**

**COMMISSION FOR THE PROTECTION OF PERSONAL DATA**



|  |
| --- |
| Registration number and date |
| …….……..………/………….……………… |
| (to be completed by the employee responsible for receiving and registering the report) |

REPORT REGISTRATION FORM

**TO SUBMIT INFORMATION ABOUT BREACHES PURSUANT TO THE ACT FOR THE PROTECTION OF PERSONS SUBMITTING REPORTS OR PUBLICLY DISCLOSING INFORMATION ABOUT BREACHES**

***IMPORTANT! Before completing the form, please read the instructions on pages 5 and 6.***

|  |
| --- |
| **To be filled in by the employee responsible for receiving the report** |
| |  |  | | --- | --- | | **UIN** | **Date** | |  |  |   (Unique identification number – provided by the Central Authority)   |  |  | | --- | --- | | **method of submission** | | | Written | ORAL | | IN PERSON | BY PROXY |   **DATA ABOUT THE OFFICER WHO RECEIVED AND REGISTERED THE REPORT**   |  |  |  | | --- | --- | --- | | Name | |  | | --- | |  |   (first, middle, and last name) | | Position | |  | | --- | |  | | | Place of work  Name | |  | | --- | |  | | | BULSTAT/UIC CODE | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | |

|  |
| --- |
| **To be filled in by the reporting person, in case he/she uses the form as a template for submitting a report** |
| **PART I. DATA ON REPORTING PERSON**   |  |  |  |  | | --- | --- | --- | --- | | Name | |  | | --- | |  |   (first, middle and last name) | | | CONTACT DATA |  | | | District | |  | | --- | |  | | | | City | |  | | --- | |  | | | | Correspondence address | |  | | --- | |  | | | |  | |  |  |  | | --- | --- | --- | | Phone |  | Email (if any) | |  |  |  | | | |  | I wish to receive confirmation of the receipt of the report (to be filled in only if the report is submitted to the CPPD) | | | IN HIS/HER CAPACITY AS | | worker, employee, civil servant or other person who performs wage labour, regardless of the nature of the work, the method of payment and the source of financing; | |  | | a person who works without an employment relationship and/or exercises a free profession and/or craft activity; | |  | | volunteer or intern; | |  | | partner, shareholder, sole owner of the capital, member of the management or control body of a commercial company, member of the audit committee of an enterprise; | |  | | a person who works for a natural or legal person, its subcontractors or suppliers; | |  | | a job candidate who participated in a competition or other form of selection for employment and in this capacity received information about a breach; | |  | | a worker or an employee, when the information was obtained within the framework of an employment or service relationship that was terminated at the time of the filing of the report or of the public disclosure; | |  | | other quality of a reporting person, for a breach that became known to him in a work context 1. (please specify) ……………………………………………………………………… |   **PART II. AGAINST WHOM THE REPORT IS FILED**   |  |  | | --- | --- | | **IDENTIDICATION** (in case of a report against a natural person) | | | Name | |  | | --- | |  |   (first, middle and last name if known) | | Place of work  Name | |  | | --- | |  | | | BULSTAT/UIC CODE | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | **IDENTIFICATION** (in case of a report against state, municipal bodies or legal entities) | | | Name | |  | | --- | |  | | | BULSTAT/UIC CODE | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |   **PART III. DETAILS OF THE BREACH**   |  |  |  |  | | --- | --- | --- | --- | | **1. THE BREACH IS RELATED TO** (check the area of the breach) | | | | |  | Breach of Bulgarian legislation or acts of the European Union in the field of: | | | |  |  | Public procurement; | | |  |  | financial services, products and markets and the prevention of money laundering and terrorist financing; | | |  |  | product safety and compliance; | | |  |  | transport safety; | | |  |  | environmental Protection | | |  |  | radiation protection and nuclear safety; | | |  |  | food and feed safety, animal health and animal welfare; | | |  |  | Public health; | | |  |  | consumer protection; | | |  |  | the protection of privacy and personal data; | | |  |  | the security of networks and information systems; | | |  | a breach that affects the financial interests of the European Union in the sense of art. 325 of the Treaty on the Functioning of the European Union; | | | |  | breach of the rules of the internal market within the meaning of art. 26, paragraph 2 of the Treaty on the Functioning of the European Union, including the rules of the European Union and Bulgarian legislation on competition and state aid; | | | |  | an offense related to cross-border tax schemes, the purpose of which is to obtain a tax advantage that is contrary to the object or purpose of the applicable law in the field of corporate taxation; | | | |  | committed crime of a general nature, about which the reporting person found out in connection with the performance of his work or in the performance of his official duties. | | | |  | Breaches of Bulgarian legislation in the field of: | | | |  |  | the rules for payment of due public state and municipal receivables; | | |  |  | labour legislation; | | |  |  | the legislation related to the performance of public service. | | |  |  | | | | **2. WHEN THE BREACH WAS COMMITTED** | | | | | Data/ Period | | | |  | | --- | |  | | | **3. DESCRIPTION OF THE BREACH (specific details of the breach or the real danger of it being committed)** | | | | | |  | | --- | |  | | | | | | **4. DESCRIPTION OF ATTACHED EVIDENCE** | | | | | |  | | --- | |  | | | | |   **PART IV. PERSONS OTHER THAN THE REPORTING PERSON,**  **TO WHICH PROTECTION IS TO BE GIVEN**  (if known at the time of reporting)   |  |  | | --- | --- | |  | persons who assist the reporting person in the reporting process; | |  | individuals who are related to the reporting person and who may be subject to retaliatory retaliation because of the reporting person; | |  | legal entities in which the reporting person has an equity interest, works for, or is otherwise associated with in a work context. |   NUMBER/IDENTIFICATION OF PERSONS TO BE GRANTED PROTECTION   |  |  |  |  | | --- | --- | --- | --- | | CAPACITY OF THE PERSON  *(colleague, relative without limitation in degrees, legal entity in which the reporting person owns an interest, works for or is otherwise associated with in a work context)* | |  | | --- | |  | | | | Name (natural persons) | |  | | --- | |  |   (first, middle, and last name if known) | | | Company name (for natural persons) | |  | | --- | |  | | | |  | BULSTAT/UIC Code | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | Represented by | |  | | --- | |  | | | CONTACT DETAILS |  | | | Location | |  | | --- | |  | | | | Correspondence address | |  | | --- | |  | | | |  | |  |  |  | | --- | --- | --- | | Phone number |  | Email address (if any) | |  |  |  | | |   **PART V. PERSONS WHO CAN CONFIRM THE DATA REPORTED OR PROVIDE ADDITIONAL INFORMATION**   |  |  |  |  | | --- | --- | --- | --- | | Name (for natural persons) | |  | | --- | |  |   (first, middle, and last name if known) | | | Name (for legal entities) | |  | | --- | |  | | | |  | BULSTAT/UIC Code | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | Represented by | |  | | --- | |  | | | CONTACT DETAILS |  | | | Location | |  | | --- | |  | | | | Correspondence address | |  | | --- | |  | | | |  | |  |  |  | | --- | --- | --- | | Phone number |  | Email address (if any) | |  |  |  | | | |

**THIS REPORT WAS SUBMITTED THROUGH AN INTERNAL CHANNEL:**

(to be filled in only when submitting an alert to the CPPD)

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

**AN INVITATION TO SIGN THE REPORT BY THE REPORTING PERSON**

(to be noted by the officer who received and registered the report)

|  |  |  |  |
| --- | --- | --- | --- |
|  | CONSENT |  | Refusal |

**THE REPORT IS RECEIVED AND REGISTERED BY:**

**………………………………………………………………………………………………..……………………………**

*(name of the employee)*

**POSITION: ……………………………………………………………………………………………………………**

**DATE: ........................ SIGNATURE: ..........................................**

**REPORTING PERSON/REPRESENTATIVE:**

**…………………………………………………………….……………………………………………………………….**

*(name)*

**DATE: .................... SIGNATURE: ..........................................**

**ADMINISTRATIVE LIABILITY UNDER ARTICLE 45 OF THE LPRPPPDIB SHALL APPLY FOR REPORTING OR PUBLIC DISCLOSURE OF FALSE INFORMATION.**