

ANONYMITY

Any person can request to stay anonymous and choose not to fill out the personal details below. Such request will be respected by the IGF. However, we encourage that personal information is disclosed to enable appropriate follow up.

I wish to remain anonymous*	yes	no
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First Name:
Last Name:
Organisation to which you are affiliated: (e.g. international federation, national federation/club/association, other, please specify)
Contact Phone Number:
Nationality:
City where you currently live:

TELL US ABOUT THE INDIVIDUAL OR ENTITY YOU WANT TO REPORT

Name of individual or entity reported on*:
City*:
Country*:
Any contact information (if available):

TELL US ABOUT THE CASE

Please describe the case in as much detail as possible:

What happened?*

When did it happen?*
Where did it happen?*
Do you think or know it will happen again?

When and where will it happen again?

nave add	itional information about it?"				
Do you ha	ave any evidence relating to the *	YES	NO		
If yes, car IGF?	n such evidence be made accessible to the	YES	NO		
How can	evidence be made available to the IGF?				
Please ma	ake a list of evidence available:				
I confirm that I have read the "IGF measures of protection and the process the IGF will undertake following an integrity report" and the "IGF privacy policy" accessible via the IGF Whistleblowing Channel webpage.*					
Date:					
This form	must be sent to the Head of the IGF Integrity Unit	:: integrity@igf	mail.org		
any repof	RTS OF ANY OFFENCE MADE BY ANYONE WITH THE	KNOWLEDGE	THAT THE OFFENCE		

IS FALSELY ACCUSED OR NOT GIVEN IN GOOD FAITH IS CONSIDERED UNACCEPTABLE. THE IGF WILL LOOK TO TAKE DISCIPLINARY ACTIONS AGAINST ANY PERSON WHO PROVED TO PROVIDE

Which other people know of this offense and could

SUCH FALSE REPORTS.