



Incompliance reporting form

Developed by:

K.Maciejko

Document no.:

MCPG.GE.00.CLT.00.23

Version 1.0

Accepted by:

Z.Szczepaniak

Date of issue of the version:

17.12.2021

FIRST NAME, LAST NAME AND EMAIL ADDRESS OF THE PERSON REPORTING THE INCOMPLIANCE	
DEPARTMENT TO WHICH THE REPORT PERTAINS	
DESCRIPTION OF THE REPORT	
WHICH INTERNAL REGULATIONS OR PROVISIONS OF LAW HAVE BEEN INFRINGED?	
DATE OF INCIDENT (has the matter already happened/are there any other known instances of incompliances of this type in the past/alternatively, is it to happen in the future)	
HOW DID YOU LEARN ABOUT THE MATTER?	
INDICATE PERSONS CONNECTED WITH THE MATTER / INDICATE WITNESSES	



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LOSSES/RISK CONNECTED WITH THE
MATTER

SUPPLEMENTARY INFORMATION