

## **REPORT FORM**

1. Complaina	nt data			
Date				
Name and surname				
Contact information (Phone-Mail)				
Department - job position				
Doparement .	job posicioi	•		
2. Description of the relevant events				
What has happ	pened			
How did it hap	pen			
Where has it h	appened			
How long has happened	it			
It continues to today	exist			
Who may be involved (Department, job title and people)				
3. Knowledge of the facts				
How did you find out				
If there are other people who know what happened				
Documents that prove the fact. (Attach)				
4. Acceptance of the complaint (to be filled by the receiver)				
Si 🗅	No 🗖		No", indicate the reason	

Send to: <u>denuncia@egamaster.com</u>



The processing of personal data described herein shall be governed by the provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, the Organic Law 3/2018 of 5 December on Personal Data Protection and Guarantee of Digital Rights, the Organic Law 7/2021 of 26 May on the protection of personal data processed for the purposes of prevention, detection, investigation and prosecution of criminal offenses and the enforcement of criminal sanctions, and the present title.

Personal data that is not clearly relevant to the processing of specific information shall not be collected, and if collected accidentally, it shall be promptly and appropriately deleted.