

# ATARJAMAT

## Instructions for Reporting Policy Violations

### 1. General Guidelines

If an employee or supplier notices any violation of the Code of Conduct, regulations, or policies, or was subject to any harassment, he/she should report the complaint in written form (using the form uploaded on the company website) to be delivered directly to the Integrity Committee.

Complaints by employees may be made on a confidential, anonymous basis. In case of violations by directors or senior employees, such reports should be made to the Labor Bureau.

**Non-Retaliation Policy:** Atarjamat undertakes to protect the employee who is filing a complaint from any revenge act. Any person, regardless of position, who engages in retaliatory behavior will be subject to disciplinary action. The Company expressly prohibits retaliation against any director, officer, or employee for reports made in good faith.

### 2. How to File a Complaint

Complaints must be submitted to the Integrity Committee or executive management through one of the following three official methods:

1. **Digital Web Submission:** Access the public contact portal at <http://www.atarjamat.com/contact-us/contact/> and submit your message. This form can be filled out with your identification details or submitted completely anonymously.
2. **Physical Incident Box:** Print out and complete the written Incident Report Form and drop it directly into the secure physical incident box located at the office. This can be done with your name or anonymously.
3. **Direct Management Escalation:** Hand-deliver the completed written form or email it directly to your designated Team Leader or the General Manager (GM).

Regardless of the channel chosen, all reports should contain factual details and sufficient specific information to allow for a proper and thorough investigation.

All reports should be factual rather than speculative or conclusory, and should contain as much specific information as possible to allow for proper assessment. All complaints should contain sufficient corroborating information to support the commencement of an investigation, including, for example:

- The names of individuals suspected of violations.
- The relevant facts of the violations.
- How the complainant became aware of the violations.
- Any steps previously taken by the complainant.

- Who may be harmed or affected by the violations.
- To the extent possible, an estimate of the misreporting or losses to the Company as a result of the violations.

## INCIDENT REPORT FORM

Any partner (employee, client, supplier) reporting a violation of our Code of Conduct or our policies to the Integrity Committee or Unit Head should fill out the following form and submit it as soon as possible.

The attached Incident Report Form should be uploaded to the web:

<http://www.atarjamat.com/contact-us/contact/>

*\*The report can be sent anonymously.*

**Person reporting incident:**

**Name of person charged:**

**Type of violation:**

**Charge being made:**

**Date:**

**ID No.:**

*I am charging the above named person with an alleged violation of the Code of Conduct and policies.*

**Date of incident & Manner of Violation (Please describe in detail. Attach additional pages if necessary):**

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|--|

**Evidence attached (Please list):**

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|  |
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**Actions taken so far / Recommendations for sanctions or penalties:**

Reporting Person's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR INTEGRITY COMMITTEE (IC) USE ONLY

*This section to be completed by the Integrity Committee.*

### Additional Info on Person Charged:

Department: \_\_\_\_\_

Date Processed by Committee: \_\_\_\_\_

### Brief Summary of Committee Findings Concerning Incident:

### Actions / Sanctions / Penalties Recommended by the IC:

☐ A finding of **not responsible** has been made: all charges are dismissed and no penalties are assessed.

☐ A finding of **responsible** has been made and the specified sanctions/penalties will be imposed.

Integrity Committee Responsible Signature (or Stamp): \_\_\_\_\_

Letter sent to person charged: ☐ Yes ☐ No      Date: \_\_\_\_\_

Copy sent to Dept. Chair or Unit Head: ☐      Date: \_\_\_\_\_  
Yes ☐ No

