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## Professional whistle-blowing report form - Cuba

(via HI.ORG)

Please complete this form and send it accompanied with any relevant documentation, to the following e-mail address:

complaints@cuba.hi.org

Your report will be handled by a case management cell, under the authority of the top executive management, in the strictest confidentiality. All information provided for handling your complaint will be dealt with confidentially and in accordance with legal obligations (GRPD) and HI global data protection policy (2020).

### OUR COMMITMENT

This reporting mechanism is open to people outside HI, and in relation with our organization. In particular beneficiaries, partners and suppliers.

#### For partners and suppliers

We want you to feel comfortable in approaching the HI manager or representative responsible for the contract between you and HI, in instances where you believe violations of policies or professional standards have occurred. Anyway, in case of difficulty you are encouraged to use this system, on a totally confidential basis.

#### For beneficiaries of our activities

Complaints about our presence and activities in countries of intervention should first and foremost be addressed locally, to HI representative, managers and focal points (in charge of protection, for example). Do not hesitate to call on them, in complete confidentiality. This is the fastest way to get an answer to your expectations. However, if you have difficulty communicating your complaints locally, feel free to use this reporting mechanism.

*Do not use this form for events presenting an immediate threat to life or property. Reports submitted through this service may not receive an immediate response. If you require emergency assistance, please contact your local emergency services.*

### FILE A REPORT

Your report relate to the following categories of misconducts/ non-compliance (Please check the relevant box)

- |   |                     |
|---|---------------------|
| Bribery   | Discrimination      |
| Conflict of Interest / Favoritism                       | Harassment          |
| Fraud   | Child Abuse         |
| Money Laundering  | Sexual Abuse        |
| Theft   | Sexual Exploitation |
| Material or financial support to armed forces or groups | Sexual harassment   |
| Bullying  | Other               |

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In what country did the misconduct take place?

In what city?

In which office or location?

## PLEASE PROVIDE INFORMATION AS FOLLOWS

### 1 - What is your position or relationship to Humanity & Inclusion?

(Please check the relevant box)

Member of a partner organization

Member of a provider/supplier company

Beneficiary of our activities

Donor

Other

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### 2 - Your contact details

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Please note that for practical and ethical reasons, HI does not encourage anonymous reporting. It is essential for those responsible for your report to be able to obtain additional information and to carry out a full investigation. Without this, their ability to study your case and take action may be considerably limited. It is therefore important that they have the means to contact you. If you don't mind, we would like you to give us your contact details (email address, phone number or Skype account). Your answers may prove essential to the success of the investigators' work.

If you agree Humanity & Inclusion to know your identity, please complete the following:

**Your Name:**

First Name

Last Name

Your Phone Number

Your E-mail Address

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**3 - Please identify the person(s) engaged in the misconduct or non-compliance**

Name	Surname	Title
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**4 - Do you suspect or know that a supervisor or management is involved?**

(Please check the relevant box)

Yes      No      Do Not Know / Do Not Wish To Disclose

**If yes, then who?**

Name	Surname	Title
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**5. Is HI management aware of this problem?**

Yes      No      Do Not Know / Do Not Wish To Disclose

**6. What is the general nature of this matter?**

This should be a general description only, you will be asked for specifics later.

**7. Where did this incident or violation occur?**

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8. Please provide the specific or approximate time this incident occurred:

9. How long do you think this problem has been going on?

10. How did you become aware of this violation?

11. Please identify any persons who have attempted to conceal this problem and the steps they took to conceal it (Please identify by name and title).

Name	Surname	Title
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Examples:

- Ignored it
- Changed documents
- Said it was not a problem
- Said they would look into it

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**12 - If you have a document or file that supports your report, most common file types can be uploaded:**

Please attach the files/documents when sending the questionnaire.

**13 - Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation.**

Please take your time and provide as much detail as possible, but exercise care to not provide details that may reveal your identity unless you wish to do so. It may be important to know if you are the only person aware of this situation.

**Thank you for your cooperation and trust.**

**After sending your report, you will be contacted within 5 to 6 working days.**