

Worker GRIEVANCE FORM

All information provided in this form will be treated confidentially.

All fields are optional to be completed.

(no name provided constitutes an anonymous complaint).

Full Name (of worker rep Employer: Date: Date of Incident:	orting grievance):	
Site:	Department: Contact Details (Telephone): Location (if relevant):	
Details of Grievance including who was involved, what happened, where etc.:		
	Complainant Name/Signature	

- I, the undersigned I declare that I have been informed and understand the following:
- (a) For the purposes of the Grievance Mechanism, the Company "Ellinikos Chrysos S.A." ("the Company") processes my personal data included in this document (indicatively: full name, age, sex, data communication, data address etc.), as well as any other information necessary to manage the Report I am submitting.
- (b) H processing of my personal data is necessary for the fulfillment of the legal interests of the Company (no. 6 par. 1 para. GDPR), that is to say for the development and maintenance of a healthy working environment.
- (c) My personal data is not transmitted to any third party, unless this is deemed necessary for the management of my Report
- (d) My personal data is deleted upon completion of the investigation of my Report and, consequently, the resolution of the complaints/issues described therein. The retention period is extended in case my personal data is necessary for the eestablishment, exercise, support of a legal claim.

Date: /

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- (e) I can exercise, in accordance with the Company's Policies, the rights of access, correction, deletion, restriction and objection to processing, by contacting the email address: privacy@gr.eldoradogold.com. Exercising the right to object may make it difficult or impossible to manage my Report.
- (f) In the event that I consider that the Company does not respond (properly) to my requests and/or the processing of my personal data violates the applicable regulatory framework, I reserve the right to file a complaint with the Personal Data Protection Authority (postal address: Kifisias Avenue no. 1-3, PO Box 115 23, Athens, tel. 210 6475600, e-mail address: contact@dpa.gr).