

EPPO Crime Report (ECR): Quick Guide



The EPPO Crime Report (ECR) will be used for reporting information about potential offences to the EPPO. This Quick Guide intends to assist in completing the ECR form.

The information reported via this form will be processed in the EPPO's Case Management System.

Indicate the reported information accurately and comprehensively to facilitate its efficient processing by the EPPO. The form cannot be saved unless all fields marked as mandatory are completed.

To the extent possible, use English to fill out the form.

I – REPORTING ENTITY

Reporting Entity			
Name of public institution or authority *			
<div>Please fill in the name of your entity</div>			
Country/HQ *	<div>Please choose from the drop-down menu where your entity is based</div>		
Address *			
Tel.		Email	
Contact Person		<div>Please fill in the contact details of your entity</div>	
Name *		Designation *	
Tel. *		Email *	

Please indicate the person we may contact for possible follow-up questions

II – CRIMINAL INVESTIGATION ALREADY INITIATED BY NATIONAL AUTHORITIES.

Criminal investigation already initiated by national authorities ? *	
<input type="radio"/> Yes <input type="radio"/> No / Don't know	
Case reference number *	
Date when national investigation started	

Fill in **only** if you are a judicial or law enforcement authority that has started a criminal investigation for which the EPPO could exercise its competence. If that is case, please provide the case reference number and the date when the national investigation started.

Please leave blank otherwise (i.e. if you are an EU IBOA, etc.).

III – IS THERE A EUROPEAN DELEGATED PROSECUTOR (EDP) LINKED TO THE CASE?

Is there an EDP linked to the case ? <input type="radio"/> Yes <input type="radio"/> No	
EDP name	<input type="text"/>

If you are aware that the information reported via this form should be allocated to a specific EDP in accordance with EPPO's internal rules (i.e. regional competence, case discussed with the respective EDP), please state their name.

Please leave blank otherwise.

IV – FACTUAL CIRCUMSTANCES

Please select from the drop-down menu

Factual Circumstances	
Country where criminal acts were committed *	<input type="text"/>
2nd country where criminal acts were committed (if applicable)	<input type="text"/>
3rd country where criminal acts were committed (if applicable)	<input type="text"/>

If applicable, indicate first the country where the focus of the criminal activity is, then the second and the third country where criminal acts were committed. If more than three countries were involved, please indicate the other ones in the section *Information about other offences, suspect, victims or other relevant information* at the end of the ECR.

NB: If you are not sure or do not know, choose the country you think has the strongest link/ relationship. You cannot leave this field blank, as it is essential for determining the competence of the EPPO.

Country where the damage took place

Please select from the drop-down menu

Country where the damage against the Union's financial interest took place *	<input type="text"/>
2nd country where the damage against the Union's financial interest took place (if applicable)	<input type="text"/>

If applicable, choose the second country. If more than two countries are involved, please indicate the other ones in the section *Information about other offences, suspect, victims or other relevant information*.

Amount of estimated damage

Amount of estimated damage *	€ <input type="text"/>
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Please provide your best estimate, as per the information available. The value of the damages must be expressed in EUR. You cannot leave this field blank, as it is essential for determining the competence of the EPPO.

Privileges and immunities apply to potential suspects	<input type="radio"/> Yes <input type="radio"/> No
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Please **only** select yes if you are aware of such circumstances. Where the investigations of the EPPO involve persons protected by a privilege or immunity, the European Chief Prosecutor may make a reasoned written request for its lifting

V – REPORTED CRIMINAL OFFENCE

Reported criminal offence
Brief description of facts (please indicate: where, who, what, how) *
<div></div>

Please fill in information for each offence separately. If you wish to report more than three linked offences, please indicate the other ones in the section *Information about other offences, suspect, victims or other relevant information*. If the offences are not linked however, please submit a separate ECR.

Brief description of facts: Summarise the facts concerning the alleged offence(s). Include all relevant information and details on who did what, how the alleged offence was committed, and against whom; sequence of events and the roles and actions of all parties involved; place(s) where the specific act(s) happened, especially if they took place in several locations (countries).

Type of Offences	<div></div>
Subtype of Offences	<div></div>

Type of offences: Please select from the drop down list the type of offence as prescribed by the Directive (EU) 2017/137 corresponding to the facts reported under the previous section (do NOT indicate the national legal qualification).

Subtype of offences: If you selected *Non-procurement fraud*, *Procurement fraud*, *Fraud (non-VAT revenue)*, *Fraud (VAT revenue)*, *Corruption* or *Inextricably linked offence* as the type of offence you are reporting, please select from the dropdown list the relevant subcategory.

VI – POTENTIAL SUSPECT¹

Potential suspect
<input type="radio"/> Natural Person <input type="radio"/> Legal Entity

Please indicate the person you believe may be involved under the previous section, based on the information available.

Leave blank if you do not know or are unsure. If you only know certain categories of information, leave the other fields blank (do NOT use the word 'unknown' or similar terms).

If you wish to report information about more than three potential suspects, please indicate the other ones in the section *Information about other offences, suspect, victims or other relevant information*.

NB: This does not allocate a formal status or the individual, but should be seen in the colloquial sense, and is merely an indication to the EPPO.

¹ 'Potential suspect' corresponds to a category of data subjects processed in the EPPO's Case Management System in accordance with the Commission Delegated Regulation ((EU) 2020/2153, C (2020) 6797/F1) and is analogue to the concept of 'person concerned' or 'alleged perpetrator', as used in the practice of other institutions/authorities. Filling in this section only means that information with regard to this person and the alleged circumstances is submitted. The EPPO will examine allegations, as per its mandate, but this does neither impair the presumption of innocence, nor imply any attribution of criminal responsibility. The EPPO will verify the information received in order to decide whether or not to initiate an investigation. During the investigation, all inculpatory and exculpatory evidence will be carefully analysed and those concerned will have the rights available in the criminal procedure.

If *Natural Person* is selected

Potential suspect			
<input checked="" type="radio"/> Natural Person		<input type="radio"/> Legal Entity	
Surname	<input type="text"/>	Maiden Name	<input type="text"/>
Given Name	<input type="text"/>	Alias	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Sex	<input type="radio"/> M <input type="radio"/> F	Nationality	<input type="text"/>
Identification Number(e.g. Personal N° or Registration N°)		<input type="text"/>	
Occupation	<input type="text"/>		
Suspects member of criminal organization ?			<input type="radio"/> Yes <input type="radio"/> No
Place of residence (country, city, address)		<input type="text"/>	
Do the documents in the Annex contain personal data related to this individual revealing the racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic and biometric data, concerning a person's health, sex life or sexual orientation?			<input type="radio"/> Yes <input type="radio"/> No
Please indicate which document in the Annex and what special category of personal data and the reason therefore			
<div></div>			

Surname, Maiden Name, Given Name, Alias:

Please enter the details, including hyphens (-) and apostrophes ('), but no dots (.).

Please insert full surname and maiden name in ALL CAPITAL LETTERS. For the given name only capitalize the first letter.

NB: If it is not known which part of the name is the given name and which is the surname, please insert the full name in the *Alias* field.

NB: If a field is unknown, please leave it blank.

Examples of entering names:

John Silver – **Name:** John – **Surname:** SILVER

John K. Silver – **Name:** John K (without dot) – **Surname:** Silver

Silver – **Name:** (leave blank) – **Surname:** (leave blank) – **Alias:** SILVER

Sex: Please select one of the two given options. If unknown or 'other', leave blank.

Nationality: Please select from the drop-down list. If unknown, leave blank.

Identification Number: If known, please enter the number that can help to uniquely identify the person, for instance the national personal number (called differently in different countries, e.g. in Belgium it is the *National Number*). The information should be inserted without spaces or special characters. For example, "AD 12546845-U" should be inserted as "AD12546845U". If you do not know or do not have one, please leave the field blank.

Occupation: If known please mention the employer and in which function the individual is working.

Suspected member of criminal organization: If known indicate whether the potential suspect is member of a criminal organization (in any capacity). If not known, or not sure, leave blank.

Place of residence: Please, if available, provide the full address, respecting the national format. Please do not translate the street names and their indications (e.g. Street, Boulevard, Alley, Square) into English. Where possible, names of towns or cities should be anglicised, e.g. Wien becomes Vienna. If not known, leave blank

Special categories of operational personal data: The inclusion of the type of data mentioned in this field should only take place if strictly necessary. Please indicate using the two given options if any of the documents attached to the report contain special categories of operational personal data. If you selected yes, the completion of the explanatory box below is mandatory.

If Legal Entity² is selected

Potential suspect	
<input type="radio"/> Natural Person	<input checked="" type="radio"/> Legal Entity

Please use field – *Name* – for entering the name of the legal entity. Symbols (hyphens, apostrophes, dots) that are part of the name should be included, e.g. *1-2-3 Taxis*; *A.B.C. Internazionale SpA*; *Smith, Jones and White LLP*.

The entity type must only be written in its abbreviated form and without dots, commas, or spaces between letters, e.g. *Sp zoo, BV, Ltd, GmbH*. The entity type must also be after the name, so *AB Ruffel & Båg* must be entered as *Ruffel & Båg AB*. The entity type must NOT be anglicized (*EODD, UAB, Sp zoo, Sprl, BV* and so on must NOT become LTD)

Please use the field – *Nationality* – for indicating in which country the legal entity is registered.

Please use the field – *Place of residence* – for indicating the full address where the legal entity is registered. Please respect the notes provided above in relation to address.

Please use field – *Identification Number* – for indicating the number that can help to uniquely identify the legal entity (e.g. company number, VAT number, registration number).

VII – VICTIM(S) (OTHER THAN THE EU)

Victim(s) (other than the EU)	
<input type="radio"/> Natural Person	<input type="radio"/> Legal Entity

If information is available on victims other than European Union, please provide the details in the form. Please chose options and fill in fields in this section as described above for the section *Potential suspect*. Also here, information on any special categories of personal data should be provided only if strictly necessary in your view, and the reasons / explanation provided in the explanatory box.

² Please report the information of the legal person as available. If unavailable, report the available information on the business or undertaking.

VIII – INFORMATION ABOUT OTHER OFFENCES, SUSPECTS, VICTIMS OR OTHER RELEVANT INFORMATION

Information about other offences, suspects, victims (if applicable) or other relevant information

Please provide information about **other offences, suspects, victims, etc.** if the space provided for in the form is not sufficient.

You can also add here any additional information that doesn't fit the previous sections and you believe the EPPO should be aware of during the verification process (e.g. internal reference number of e.g. EU agencies' own cases, stage of the administrative procedure)

IX – ANNEXES

Annexes (for large documents please include a table of contents)

Do the documents in the Annex contain personal data related to individuals **other than those indicated above** revealing the racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic and biometric data, concerning a person's health, sex life or sexual orientation? ☐ Yes ☐ No

Please indicate which document in the Annex and what special category of personal data and the reason therefore

Please provide details about each of the documents that are attached to the form. State clearly which documents, if any, include special categories of personal data, and provide the explanation therefore.

If you have further questions on how to complete this form please contact: **xxx**