



WHISTLEBLOWING REPORTING FORM

ORGANIZATIONAL, MANAGEMENT AND CONTROL MODEL PURSUANT TO LEGISLATIVE
DECREE 231/2001

IDENTIFICATION DATA OF THE REPORTER

SURNAME AND NAME	
COMPANY NAME	
OCCUPATION/FUNCTION at the time of the reported event	
TELEPHONE	
E-MAIL	

REPORTING DATA

THE FACT REFERS TO: <i>(check one or more boxes)</i>	☐ Staff Recruitment ☐ Contracts ☐ Granting of economic benefits however denominated ☐ Granting of other types of benefits ☐ Appointments, promotions and delegations ☐ Permissions ☐ Inspections ☐ Relations with the Public Administration, Public Officials, etc. ☐ Facilitated payment requested ☐ Concessionary payment made ☐ Extorted payment ☐ Other, please specify _____ _____
EVENT DATE	
EVENT LOCATION	
SUBJECT/S WHO COMMITTED THE ACT	
COMPANY AREA/FUNCTION	
ANY PRIVATE INDIVIDUALS / COMPANIES / PUBLIC OFFICIALS OR PARTNERS INVOLVED	
HOW HE BECAME AWARE OF THE FACT	
ANY OTHER PERSONS WHO MAY REPORT ON THE FACT <i>(name, surname, qualification, contact details)</i>	



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DETAILED DESCRIPTION OF THE BEHAVIOR THAT GIVES RISE TO THE REPORT

**THE ACTION IS ILLEGAL
BECAUSE:**
(check one or more boxes)

- ☐ It is criminally relevant
- ☐ Violates Company Policy, the Code of Ethics or other provisions subject to disciplinary action
- ☐ Causes financial damage to the Organization
- ☐ It causes damage to the Organization's image
- ☐ Violates environmental and workplace safety regulations
- ☐ It constitutes a case of mismanagement of resources
- ☐ It involves discrimination against the whistleblower
- ☐ Other, please specify _____

It is recommended to attach all documentation that you believe may be useful to corroborate the Reporting; if the Reporting is made verbally, such documentation may be delivered directly to the Report Manager.

The undersigned declares that he has read the above information and that there is no private interest connected to the aforementioned report.

Date and place

Signature of the whistleblower
