

I wish to remain anonymous: YES NO

Name and Surname of the person making the report	
Contact: Telephone / Mail / Other	
Date/Period of reported event (*)	
Type of relationship (employee, supplier, etc.) (*)	
Company or function affected by the reported incident	
Location of the reported incident (*)	

N.B. fields marked with (*) are mandatory and necessary for the report to be considered admissible.

Description of the reported fact (*) (provide sufficiently detailed, clear and objective information):

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Perpetrator(s) of the reported incident

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Any other persons with knowledge of the fact and/or able to report on it

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Any attachments in support of the report

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_____, [date] ____ / ____ / ____

Signature