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| **REPORTING FORM TO THE ETHICAL CHANNEL** | |
| **Type of non-compliance reported** | |
| 🞏 Regulations 🞏 Measures or prescriptions for the prevention of crimes 🞏 Financial and accounting practices 🞏 Other  (You can check several options) | |
| **Description of the complaint (inlcuding facts, dates and people involved)** | |
|  | |
| **Documents and evidence** | |
|  | |
| **Other possible witnesses** | |
|  | |
| **Complainant name and department / area / society (OPTIONAL)** | |
|  | |
| **Contact method preferred by the complainant and contact information (OPTIONAL)\*** | |
|  | |
| **Form filling date:** | **Reception date:** |
| Complainant signature (OPTIONAL)\* | Signature |

(\*) Do not fill in, in case of anonymous complaints.