|  |
| --- |
| **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.