

Attachment to the Whistleblowing Procedure

MISCONDUCT REPORTING FORM

KIND OF REPORT: <input type="checkbox"/> OPEN <input type="checkbox"/> ANONYMOUS			
DATA OF THE REPORTER (to be completed in case of open report)			
<input type="checkbox"/> Employee	<input type="checkbox"/> Collaborator	<input type="checkbox"/> Supplier employee	<input type="checkbox"/> Other subject
Name and surname	Name and surname	Name and surname	Name and surname
	Function of Membership in COMPOSITE MATERIALS (ITALY) SRL	Supplier company name	
	Recapito telefonico/email	Phone number /email	Phone number /email
KIND OF MISCONDUCT			
<input type="checkbox"/> Administrative, accounting, civil or criminal offenses <input type="checkbox"/> Illegal conduct relevant under Legislative Decree No. 231/2001 <input type="checkbox"/> offenses falling within the scope of application of acts of the European Union <input type="checkbox"/> Acts or omissions detrimental to the financial interests of the European Union <input type="checkbox"/> Information on violations <input type="checkbox"/> others (to be specified).....			
REPORTED MISCONDUCT			
Date or period when the incident occurred			
Place where the incident occurred	<input type="checkbox"/> Headquarter of COMPOSITE MATERIALS (ITALY) SRL <input type="checkbox"/> Other place (indicate place and address)		
Description of fact			

<i>Other details about the fact to support the verification/investigation</i>	
<i>Author of the fact or other relevant data in order to identify the person who committed the reported facts</i>	
<i>Other persons, if any, with knowledge of the fact and/or able to report on it (consent is expressed to contact them without prejudice to the reserve-ness of the verification of the segna-lation)</i>	
<i>Any attachments to support the report</i>	

Place and date

Signature
(in case of open report)
