**WHISTLEBLOWING REPORT**

**IN ACCORDANCE WITH LEGISLATIVE DECREE NO. 24/2023**

*To be sent by mail (with the label 'Confidential Whistleblowing' or similar) to the address*

*Via Casere 9, 31028 Vazzola (TV)*

**INSTRUCTIONS**: inside the envelope labeled (**only**) with the wording "Confidential Whistleblowing" or similar, there should be two additional sealed envelopes:

* one containing the personal data of the reporter and a photocopy of their ID card or other identification document;
* another containing the report and any other supporting documents.

**WHISTLEBLOWING REPORT IN ACCORDANCE WITH LEGISLATIVE DECREE NO. 24/2023**

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| **REPORTER (first envelope)** |
| Name |  |
| Surname |  |
| Tax Code |  |
| Email |  |
| Phone/mobile |  |
| What relationship do you have with the Organization? |  |

------------------ cut along the line and place the above information in one sealed envelope ------------------

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| **VIOLATION (second envelope)** |
| Describe the violation (committed or attempted) with as much detail as possible |  |
| Why do you believe the reported act or conduct, whether active or passive, should be considered a violation? |  |
| When did the violation occur? (provide a date or timeframe) |  |
| Is it still ongoing? |  |
| Where did the violation occur? |  |
| How did you become aware of the violation? |  |
| Who is the perpetrator or perpetrators of the violation? (Please provide name, surname and any other information useful for identifying the individual or individuals) |  |
| Are there any other parties involved (including any legal entities involved)? (Please provide name, surname or company name and any other information useful for identifying the individual or individuals) |  |
| Are there any other individuals aware of the violation? (Please provide name, surname, and any other information useful for identifying the individual or individuals) |  |
| Has anyone assisted or supported you in making this report (facilitator)? (Please provide name, surname, and any other information useful for identifying the individual) |  |
| Have you already reported what is stated here to anyone else? If yes, to whom have you previously reported the violation? (Please provide name, surname and any other information useful for identifying the individual or individuals) |  |
| Who benefited from the violation or who is benefiting from it? (Please provide name, surname or company name and any other information useful for identifying the beneficiary or beneficiaries) |  |
| Do you have any personal interest in the matter being reported? |  |

*The Organization, as Data Controller, will process your personal data in accordance with the information provided on the company website.*

Attachments:

1. Copy of a valid identification document 🡪 first envelope
2. Any documentation supporting the report (e.g., photos, videos, documents, etc.) 🡪 second envelope