 NOVELLINI	MODELLO DI ORGANIZZAZIONE, GESTIONE E CONTROLLO EX D.LGS. 231/01	Pagina 1	
STATO: ATTIVO	WHISTLEBLOWING: SCHEDA DI SEGNALAZIONE	Aggiornamento documento:	
		DATA	REVISIONE
		14-01-2021	00

To the kind attention of the
Supervisory Board
odvnovellini@gmail.com


E-Mail odvnovellini@gmail.com
Racc.AR: c.a. Castelli Salvatore Vittorio
Via Perosi 54
20862 Arcore (MB)

1. Reporter identification data


SURNAME AND NAME	
COMPANY NAME	
JOB/FUNCTION	
TELEPHONE NUMBER	
E-MAIL	

2. Fact to report

THE FACT REFERS TO: <i>(tick one or more boxes)</i>	<input type="checkbox"/> Staff recruitment
	<input type="checkbox"/> Contracts
	<input type="checkbox"/> Granting of economic advantages of any kind
	<input type="checkbox"/> Granting of other types of advantages
	<input type="checkbox"/> Appointments, promotions and mandates
	<input type="checkbox"/> Autorizations

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	<input type="checkbox"/> Inspections <input type="checkbox"/> Relations with the P.A., Public Officials, etc. <input type="checkbox"/> Facilitation payment requested <input type="checkbox"/> Facilitation payment made <input type="checkbox"/> Extorted payment <input type="checkbox"/> Accident / near accident and/or safety at work in general <input type="checkbox"/> Environmental management (e.g. compliance with permit limits, emissions, etc.). <input type="checkbox"/> Other, please specify _____
DATE/PERIOD OF THE EVENT	
EVENT LOCATION	
PERSON(S) WHO COMMITTED THE ACT	
COMPANY AREA/FUNCTION	
ANY PRIVATE PARTIES INVOLVED	
COMPANIES INVOLVED, IF ANY	
PUBLIC OFFICIALS OR PUBLIC AUTHORITIES, IF ANY INVOLVED	
HOW THE FACT CAME TO KNOWLEDGE	


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4. Reasons why the fact should be reported

The fact should be reported because *(tick one or more boxes)*

- it is criminally relevant
- it violates company policy, the code of ethics or other provisions subject to disciplinary sanctions
- it causes financial damage to the organization
- it causes damage to the organization's image
- it violates environmental and occupational safety standards
- it constitutes a case of mismanagement of resources
- it discriminates against the person making the report
- other, please specify _____

N.B. Please attach any accompanying documentation in addition to this form.

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		DATA	REVISIONE
		14-01-2021	00

By submitting this form, the user consents to the processing of personal data indicated in this form declaring that he/she has read the information pursuant to Art. 13 Reg. 679/16 EU.

Date and place

Signature of the reporting person
