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Mod. 01		Whistleblowing – Report Form	17.07.19	00

**Avv. Daniela Goldoni**

Contacts:

Cert. e-mail: [daniela.goldoni@ordineavvmodena.it](mailto:daniela.goldoni@ordineavvmodena.it)


**Reg. letter:** Avv. Daniela Goldoni  
 Corso Canal Grande 96  
 41121 Modena

### 1. Identification data of the reporting party

<b>SURNAME AND NAME</b>	
<b>COMPANY NAME</b>	
<b>POSITION/ROLE</b>	
<b>TELEPHONE</b>	
<b>EMAIL</b>	


### 2. Event reported

<b>THE FACT REFERS TO:</b> <i>(tick one or more boxes)</i>	<input type="checkbox"/> Hiring of staff <input type="checkbox"/> Contracts <input type="checkbox"/> Granting of economic advantages by whatever name <input type="checkbox"/> Granting of other types of advantage <input type="checkbox"/> Appointments, promotions and delegation of powers <input type="checkbox"/> Authorisations
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	<input type="checkbox"/> Inspections <input type="checkbox"/> Relations with the Public Administration, Public Officials etc. <input type="checkbox"/> Request of payment concession <input type="checkbox"/> Payment concession made <input type="checkbox"/> Extorted payment <input type="checkbox"/> Other, specify _____
<b>DATE OF THE EVENT</b>	
<b>PLACE OF THE EVENT</b>	
<b>INDIVIDUAL/ENTITY THAT COMMITTED THE FACT</b>	
<b>COMPANY AREA / DEPARTMENT</b>	
<b>ANY PRIVATE INDIVIDUALS / ENTITIES INVOLVED</b>	
<b>ANY ENTERPRISES INVOLVED</b>	
<b>ANY PUBLIC OFFICIALS OR PUBLIC ADMINISTRATION INVOLVED</b>	
<b>MEANS BY WHICH YOU BECAME AWARE OF THE FACT</b>	



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**4. Reasons why you believe the fact needs to be reported**

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

- it is a criminal offence
- it violates company policy, the code of ethics or other provisions sanctionable in disciplinary proceedings
- it causes patrimonial damage to the organisation
- it causes reputational damage to the organisation

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- it violates environmental and occupational safety provisions
- it constitutes a case of mismanagement of resources
- it involves discrimination towards the reporting party
- other, please specify \_\_\_\_\_

**N.B.** Attach any supporting documentation to this form.

By sending this form, the user agrees to the processing of the personal information stated in the form, declaring to have read the privacy policy pursuant to EU Regulation 679/16 UE issued by ModenaFiere.

**Date and place**

**Signature of the Reporting Party**

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