

PART TO BE COMPLETED BY THE REPORTING PARTY

DATE	N.				
<input type="checkbox"/> Complaint / Report <input type="checkbox"/> Suggestion <input type="checkbox"/> Non-compliance	<input type="checkbox"/> Worker	<input type="checkbox"/> Customer	<input type="checkbox"/> Supplier	<input type="checkbox"/> Other: _____	
The report / complaint concerns directly	<input type="checkbox"/> Fincantieri Nextech	<input type="checkbox"/> Customer	<input type="checkbox"/> Supplier <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Other: _____	

DATA SUBJECT MAKING THE REPORT

<input type="checkbox"/> The interested party prefers to remain ANONYMOUS	<input type="checkbox"/> The interested party is available to be contacted:
	Contact person:
	Company:
	Address:
	Phone:

AREA SUBJECT OF THE REPORT

<input type="checkbox"/> QUALITY	<input type="checkbox"/> CHILD LABOR	<input type="checkbox"/> DISCRIMINATION
<input type="checkbox"/> ENVIRONMENT	<input type="checkbox"/> FORCED AND COMPULSORY LABOR	<input type="checkbox"/> DISCIPLINARY PROCEDURES
<input type="checkbox"/> HEALTH & SAFETY	<input type="checkbox"/> FREEDOM OF ASSOCIATION AND RIGHT TO COLLECTIVE BARGAINING	<input type="checkbox"/> WORKING HOURS
<input type="checkbox"/> CORRUPTION	<input type="checkbox"/> REMUNERATION	<input type="checkbox"/> MANAGEMENT SYSTEM

DESCRIPTION (For a more accurate description it is possible to insert any attachments with a description of the facts / actors involved / any photographs etc.):

REPORTING	DESCRIPTION (content of the complaint) ANNEX _____
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ACTION AND / OR REMEDIES REQUIRED:	ALL. _____
THE INTERESTED PARTY IS AVAILABLE TO BE CONTACTED BY: (indicate a company function Fincantieri NexTech S.p.A.)	

SPACE RESERVED FOR THE COMPANY					
METHOD OF RECEIPT	<input type="checkbox"/> PHONE	<input type="checkbox"/> MAIL / FAX	<input type="checkbox"/> EMAIL	<input type="checkbox"/> REPORTING PORTAL	<input type="checkbox"/> PERSONALLY
JUDGMENT OF RELEVANCE	<input type="checkbox"/> RELEVANT		<input type="checkbox"/> NOT RELEVANT		
DOCUMENTS / INFORMATION TO ACQUIRE:					
ASPECTS TO DEEPEN					
RESULTS OF THE INSTRUCTORY - PROPOSED SOLUTIONS:					
CORRECTIVE ACTION REQUIRED?	<input type="checkbox"/> YES N. ___ / ____ <input type="checkbox"/> NO		OBSERVATIONS		
RESULTS ACHIEVED:					
CONCLUSIONS:					
DATE					
COMPLIANCE FUNCTION SIGNATURE					
EMPLOYER SIGNATURE					