

Employee misconduct reporting form

Data of the reporter

Name of reporter:	<input type="text"/>
Surname of the reporter:	<input type="text"/>
Tax identification number:	<input type="text"/>
Present service qualification:	<input type="text"/>
Assignment (Role) of Service:	<input type="text"/>
Organisational Unit and Service Location:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

If the report has already been entrusted to other parties, fill in the following table:

Subject	Date of the report	Outcome of the report
<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text"/>

If not, specify the reasons why the report was not addressed to other parties:

Data and information Misconduct Reporting

Entity in which the event occurred:	
Period in which the event occurred:	
Date on which the event occurred:	
Physical location where the event occurred:	
Person who committed the act: First Name, Last Name, Qualification (multiple names may be entered)	
Private parties involved, if any:	
Companies involved, if any:	
Ways in which you came to know about the fact:	
Any other individuals who can report on the fact (First name, Last name, qualification, addresses)	
Service to which the fact can be referred:	
If "Other", specify	

Description of the fact:

The conduct is unlawful because:

<input type="checkbox"/> it is criminally relevant <input type="checkbox"/> violates the Codes of Conduct or other provisions punishable by disciplinary action <input type="checkbox"/> causes property damage to the entity <input type="checkbox"/> causes reputational damage to the entity <input type="checkbox"/> violates environmental and workplace safety regulations <input type="checkbox"/> constitutes a case of mismanagement of public resources <input type="checkbox"/> other
If "Other", specify <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>

Attach to the email (in addition to this form) a copy of the reporter's identification and any documentation accompanying the complaint.  
*The reporter is aware of the responsibilities and civil and criminal consequences provided for in case of declarations mendacious and/or formation or use of false documents, also pursuant to and for the purposes of Article 76 of Presidential Decree 445/2000.*