

	Novamedisan Italia Srl Via dei Lapidari, 3 – 40129 Bologna (BO) E-mail: info@novamedisan.it – Tel. 051/327911	Mod.	0B
		Rev.	01
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CRIME REPORT FORM - REPORTING -			

SUBJECT: SEGNALAZIONI VIOLAZIONI DEL MOD. 231/01 (WHISTLEBLOWER) - REPORTS OF VIOLATIONS OF THE MOD. 231/01 (WHISTLEBLOWER)

DATE/PERIOD IN WHICH THE EVENT OCCURRED * mandatory data:

Date <i>(signal day-month-year)</i>	
From / To <i>(signal period)</i>	

PHYSICAL PLACE WHERE THE EVENT OCCURRED * mandatory data:

<i>Name:</i> <i>Location of the facility:</i>
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WHISTLEBLOWER/REPORTING * mandatory data:

Role of the whistleblower (e.g. employee, collaborator, self-employed worker, etc.)	
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NATURE OF THE ACTIONS/OMISSIONS COMMITTED OR ATTEMPTED * mandatory data :

<input type="checkbox"/>	administrative, accounting, civil or criminal offences;
<input type="checkbox"/>	significant illicit conduct pursuant to Legislative Decree 231/2001, or violations of the organization and management models provided therein;
<input type="checkbox"/>	offenses that fall within the scope of application of European Union or national acts relating to the following sectors: public procurement; financial services, products and markets and prevention of money laundering and terrorist financing; product safety and compliance; transport safety; environmental Protection; radiation protection and nuclear safety; food and feed safety and animal health and welfare; public health; consumer protection; protection of privacy and protection of personal data and security of networks and information systems;
<input type="checkbox"/>	acts or omissions detrimental to the financial interests of the Union
<input type="checkbox"/>	acts or omissions detrimental to the financial interests of the Union referred to in Article 325 of the Treaty on the Functioning of the European Union specified in the relevant secondary legislation of the European Union;
<input type="checkbox"/>	acts or omissions relating to the internal market, as referred to in Article 26(2) of the Treaty on the Functioning of the European Union, including infringements of European Union rules on competition and State aid, as well as infringements concerning the internal market related to acts infringing corporate tax rules or mechanisms the purpose of which is to obtain a tax advantage which defeats the object or purpose of the applicable corporate tax law;
<input type="checkbox"/>	acts or omissions concerning the internal market;



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<input type="checkbox"/>	acts or behavior that frustrate the object or purpose of the provisions set out in Union acts
<input type="checkbox"/>	Other (specify): _____ _____ _____ _____

DESCRIPTION OF THE FACT (CONDUCT AND EVENT) * mandatory data:

AUTHOR(S) OF THE FACT * mandatory data:

ANY OTHER SUBJECTS WITH KNOWLEDGE OF THE FACT AND/OR ABLE TO REPORT ON THE SAME:

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ANY ATTACHMENTS TO SUPPORT THE REPORT:

EXPRESSION OF CONSENT TO REVEAL YOUR IDENTITY:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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NB: Please remember that the identification data including the telephone contact of the reporting person must be inserted in an envelope separate from the envelope containing this form

NB: The report will be responded to within 7 days.

NB: Within three months, evidence will be given of the closure of the investigation, which may consist of the communication of the dismissal, the start of an internal investigation and possibly the related findings, the measures adopted to address the issue raised, the referral to a competent authority for further investigation

The whistleblower is aware of the responsibilities and civil and criminal consequences envisaged in the event of false declarations and/or the formation or use of false documents, also pursuant to and for the purposes of art. 76 of the Presidential Decree 445/2000.

Date: _____

Signature: _____