

DENUNCIATION FORM

Identity of the reporting person (optional):

Indicate your relationship with the company (service provider, partner/shareholder, customer, employee, network member...) In this case, if the reporting person is an employee of the company, please indicate the Department/ Area to which the reporting person belongs:

Address or means for notifications chosen by the reporting person (email):

Full name of the reported person:

If you wish to include additional information to the report, please indicate it in the form.

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I declare that this communication is made in good faith and that, except for error or involuntary omission, the information provided is true. Similarly, I declare that I am aware of the treatment that may be given to the information provided in this communication and the content of the "Ethical Channel / Complaints Use Policy" of the company.

The interested party expressly accepts the Legal Notice and Privacy Policy of the company.

The interested party expressly accepts the informative clause for the complaint form.

Signature of the reporting person: