



SME BUSINESS INTEGRITY KIT



REPORTING TEMPLATE

PRELIMINARY INFORMATION

Which company does your report refer to?

What is your relationship with this company?

- Employee
- Ex-employee
- Collaborator
- Supplier
- Business partner
- Other. *Please specify:* _____

Have you already reported this internally to the company?

- YES
- NO

Have you already reported this to an external authority?

(for example, the police / the Carabinieri / the finance police / ANAC, the Italian national anti-corruption authority)

- YES
- NO

What was the outcome of any previous report?

What type of irregular activity do you want to report?

- A law or a regulation has been broken
- The company's Code of Ethics has been broken
- An act of corruption
- Fraud
- Other. *Please specify:* _____

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DESCRIPTION OF THE FACTS

Describe, briefly, what happened

Now describe, as fully as you can, what happened

TIME FRAME

Time frame: when did this irregular activity take place?

Could this activity happen again or repeat itself in the future: what might prevent that?

BENEFIT AND DAMAGE

Who has benefited from this irregular activity?

Who has been damaged by this irregular activity?

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OTHER INFORMATION

How did you become aware of this irregular activity?

- I saw it happen
- It was reported to me by a colleague
- It was reported to me by a person from outside the company
- I discovered it by chance from documents/files
- Other. *Please specify:* _____

What is your level of involvement in what happened?

- I'm not involved
- I'm a victim
- I'm a witness
- Other. *Please specify:* _____

Have you already spoken to someone about this?

- Friends
- Relatives
- Colleagues
- Someone higher up in the company's organisation
- Trade union representative
- Other. *Please specify:* _____

INFORMATION NEEDED TO VERIFY THE REPORT

Can you provide any other information that might be useful in verifying the veracity of your report?

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WILL YOU TELL US A LITTLE ABOUT WHO YOU ARE?

THESE FIELDS ARE NOT MANDATORY. WE ACCEPT ANONYMOUS REPORTS MADE IN A RESPONSIBLE WAY

FIRST NAME:
LAST NAME:
GENDER:
AGE:
POSITION AT WORK:
ADDRESS:
TELEPHONE NUMBER:
EMAIL:

FOR FUTURE CONTACTS

INDICATE WHAT CHANNEL YOU'D LIKE US TO USE FOR FUTURE COMMUNICATION

IMPORTANT:

BEFORE MAKING A REPORT, WE RECOMMEND READING THE RELEVANT COMPANY POLICIES, IN PARTICULAR:

- WHO WILL RECEIVE THE REPORT AND HOW IT WILL BE MANAGED
- WHAT SAFEGUARDS THE COMPANY HAS PUT IN PLACE TO PROTECT ANYONE WHO WISHES TO MAKE A REPORT
- AND FINALLY, WE REMIND YOU THAT ANY REPORT CAN ONLY BE ACTED ON IF IT HAS BEEN WELL DOCUMENTED AND DESCRIBED IN DETAIL