

1) SPACE RESERVED TO THE REPORTING PARTY

If you wish to remain anonymous, please leave section 1 blank and complete sections 2, 3 and 4 below.
Any actions taken will be published on the company's bulletin board.
ICM spa Group thanks you.

Role of the reporting party:

- Worker
- Customer
- Supplier
- Other _____

2) NATURE OF THE REPORT

- Complaint
- complaint
- Suggestion
- Opinion

3) DATA OF THE REPORTER
(IN CASE OF NOT ANONYMOUS REPORTING)

Name and surname:

Role in ICM spa:

Phone number:

Email address:

4) AREA SUBJECT OF THE REPORT

Child labor

Freedom of association and right to collective bargaining

Working hours

Forced and obligatory work

Discrimination

Salary

Health & Safety

Disciplinary procedures

Management System

Reconciliation of private and working life

5) DESCRIPTION OF THE FACT GIVING UP THE REPORT

Describe in detail the fact, behavior or non-compliance subject to report, or express your suggestion or opinion regarding ICM spa's approach to social ethics and Diversity and Inclusion:

We remind you that your collaboration in the control, and therefore your reporting of any non-conformities, are important to guarantee the effective functioning of the SA8000 and UNI ISO 30415 Social Responsibility Management System and the preservation of an ethical and inclusive work environment. . Below we indicate how to forward your report:

- personally or by post (Viale dell'Industria, 42, 36100 Vicenza)
- by e-mail to the address: SA8000@gruppoicm.com
- directly to the SA8000 Workers' Representative or member of the SPT or D & IPT.

If you do not feel adequately represented and protected by the figures provided for by the Diversity and Inclusion Social Responsibility Management System, you have the right to contact:

- a) to the Certification Body: SI Cert at the e-mail address reclamisa8000@sicert.net
- b) to the SAAS - Social Accountability Accreditation Service - 15 West 44th Street, 6th Floor - New York, NY 10036, telephone (212) 684-1414, fax: (212) 684-1515, e-mail: saas@saasaccreditation.org

SPACE RESERVED FOR THE COMPANY

COMPLAINT N ° _____ / YEAR _____

Method of receipt:	<input type="checkbox"/> Mail	<input type="checkbox"/> Complaints box	<input type="checkbox"/> Personally	<input type="checkbox"/> Other
Relevance judgment:	<input type="checkbox"/> Relevant		<input type="checkbox"/> Not Relevant	
Papers/ Information to be acquired:				
Aspects to be explored:				
Results of the preliminary investigation - Proposed solutions:				
Results achieved:				
Conclusions:				
<p>Reply sent on _____ via _____ to the interested party who reported the complaint, if received in non-anonymous form. Publication on the company bulletin board on _____ of any action taken following an anonymous report.</p>				
Date:	SPT / D & IPT Components Signature			