

Form for reporting illicit conduct pursuant to articles. 4 and 5 Legislative Decree 10 March 2023, n. 24.

| IDENTIFICATION DATA OF THE REPORTER* | |
|---|--|
| Name and Surname | |
| Administration/Organization | |
| Job title/position at the time of the event | |
| Current qualification/job (if data does not coincide with the data at the time of the reported events) | |
| Phone number | |
| E-mail | |

* Optional data.

N.B. By not declaring one's personal details, the report will be taken into consideration only if adequately detailed and with all the information useful to verify it regardless of the knowledge of the person making the report. Please remember that by reporting anonymously you do not obtain the protections provided for public employees as per Legislative Decree. 190/2012 and that the management priority will be lower. It will still be possible to declare your identity at a later time.

| REPORTING CONDUCTED | |
|--|---|
| The fact refers to: (Please tick one or more boxes) | <input type="checkbox"/> Corruption, abuse of power or in general the commission of crimes <input type="checkbox"/> Poor management of public resources and damage to the state <input type="checkbox"/> Situations of incompatibility and non-transferability in violation of the Legislative Decree. n. 39/2013 <input type="checkbox"/> Illegitimate contracts concerning public works <input type="checkbox"/> Illegitimate contracts concerning services and supplies <input type="checkbox"/> Illegitimate concession contracts <input type="checkbox"/> Illegitimate competitions <input type="checkbox"/> Conflict of interest regarding public contracts <input type="checkbox"/> Conflict of interest |

| | |
|---|---|
| | <input type="checkbox"/> Failure to implement corruption prevention measures (e.g. lack of PTPCT; failure to implement rotation; etc.) <input type="checkbox"/> Violations of transparency regulations <input type="checkbox"/> Adoption of discriminatory measures by the administration or body <input type="checkbox"/> Absence of procedures for forwarding and managing reports or adoption of procedures that do not comply with those referred to in paragraph 5 of the art. 1 of the law. n. 179/2017 <input type="checkbox"/> Other (specify): _____ |
| Date of the event | |
| Administration or body where the illicit conduct occurred | |
| Person(s) who committed the fact | |
| Qualification held by the individual involved in the administration or body to which he or she belongs | |
| Any private entities involved | |
| Any companies involved | |
| Any public officials or public administration involved | |
| How he became aware of the fact | |
| Any other subjects who can report on the fact (name, surname, title, contact details) | |
| Amount of payment or other benefit/benefit (if known) | |
| Retaliatory/discriminatory measures/behaviors suffered as a result of the previously submitted crime report | |

DESCRIPTION OF THE FACT

N.B. When sending, attach, in addition to this form, any accompanying documentation.
The Reporter 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
The Reporter DECLARES to have read the information on the Protection of Personal Data (pursuant to art. 13 of European Regulation no. 679/2016) present on the website www.mitambiente.it on the specific page dedicated to Whistleblowing.

Date and place

Signature of the reporter
