

DATE

SUGGESTIONS AND REPORTS

Form for communicating improvement suggestions (on procedures, activities, documents, operating practices, working methods, PPE, equipment, etc.) and events (near accidents, environmental and safety problems, anomalous situations, mobbing, etc.).

Name and Family name (*)			
Dep. / job (*)			
Scope of the report	<input checked="" type="checkbox"/> Environment	<input type="checkbox"/> Safety at work	<input type="checkbox"/> Working Conditions
Report description			
Suggestions for implementing appropriate corrective or improvement actions			

(*) The fields marked with an asterisk are not mandatory, the report can also be anonymous.

The Management refrains from taking any disciplinary measures and/or discriminating against the people who have produced reports, but will welcome any indication received positively and with a constructive spirit as a stimulus to the continuous improvement of the organization itself.