

CLAIM FORM CODE OF ETHICS AND CONDUCT

Approval Date

30th May 2018

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1. Reporting data

Date	
Name & Last Name	
Company/Department/Job position	
Contact info (Mobile/Telephone/mail)	

2. Description of facts

What has happened?	
How has it happened?	
Where has it happened?	
For how long has it happened?	
Does it continues to exist today?	
Who can be involved (Department, job position and people)?	

3. Knowledge of the facts

How did you find out?	
Are there other people who know what happened?	Acceptance of the complaint (To be completed by the receiver)
Documents that prove the fact. (Append)	

4. Acceptance of the complaint (to be completed by the receiver)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", indicate the reason)
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