ELEWIE	FORM	MO-8.1.1.00		
	COMPLAINT-REPORT-NC FORM SOCIAL ACCOUNTABILITY	Date:		
		N°		
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Name			
Surname			
Address			
ZIP Code			
City			
Province			
Telephone			
E-mail			
Category of affiliation*	<ul> <li>Client</li> <li>Supplier</li> <li>Association, NGO</li> <li>Institution</li> <li>Trade union</li> <li>Certification authority</li> <li>Other</li> </ul>		
Communication type *	Report     Complaint     Non-Compliance		
Description			
Category Child Labour Forced Labour Health and Safety Freedom of association and the right of collective bargaining Discrimination Disciplinary practices Working hours Remuneration System Management			

Gaps with an asterisk \* are mandatory.

This form, together with an indication of the aspect you consider to be violated, can be sent to:

Lemie S.p.A. via Camozzi, 2 - 24049 Verdello (BG) Italy Tel. (+39) 035 482 27 11 - Fax Tel. (+39) 035 482 27 10 - Att.: Social Performance Team SA8000 E-mail: sa8000@lemie.it

## Intertek Italia SpA

Via Miglioli 2/A, 20063 Cernusco sul Naviglio (MI) Italy Call center: +39 02 95383833 E-mail: <u>barbara.carini@intertek.com</u>

Director of Accreditation, SAAS, 220 East 23rd Street, Suite 605, New York, NY 10010

fax: +212-684-1515

E-mail: saas@saasaccreditation.org

Procedure to submit complaints to SAAS can be found at: <u>http://www.saasaccreditation.org/document-library</u> under "SAAS Complaints/Appeals "

The processing of sensitive data is carried out by Lemie SpA in compliance with Legislative Decree 196/03 and EU Regulation 2016/679 (GDPR).

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	COMPLAINT-REPORT-NC FORM SOCIAL ACCOUNTABILITY	Date:		
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FORM RESERVED TO THE COMPANY – REPORT/COMPLAIN №								
Received by:	Telephone	e 🗌 Post/	/Fax/email	🗌 email		🗌 Вох	Direct	
Relevance judgement	🗌 Releva	nt		1 🗌	🗌 Non relevant			
Answer	Notice bo	ard 🗌 Payr	roll	Aud	lit	48000		
System non compliance Ethics non com			compliance	ance 🗌 Regulation non compliance			ompliance	
Note:								
Date:			DIR S	A8000 Re	epresentativ	/e signature:		
		ANALYS	SIS OF THE C	AUSES				
		ACTIO	INS TO BE TA	KEN				
EFFECTIVENESS CHECK AND COMPLAINT/REPORT CLOSING								
Date	C	□ NC	Issued	l after con	nplaint/NC	n°		
Date			DIR S	A8000 Re	epresentativ	/e signature:		