 Pietro Fiorentini	SA8000 WARNING AND COMPLAINT FORM	Pag. 1/2
--	-----------------------------------	----------

SPACE RESERVED FOR THE INTERESTED PARTY

☐ Complaint/Warning

☐ Suggestion

☐ Worker: _____
 [Enter your last name and first name or leave blank if you wish to remain anonymous]

☐ Other: _____
 [Enter your references or leave blank if you wish to remain anonymous]

AREA BEING REPORTED

☐ Child labor

☐ Freedom of association and
the right to collective bargaining

☐ Working hours

☐ Forced and compulsory labor

☐ Discrimination

☐ Remuneration

☐ Health and Safety

☐ Disciplinary practices

☐ Management System
DESCRIPTION (content of the complaint):

Date: _____

All employees are reminded that their cooperation in monitoring, and thus their reporting of any nonconformities, is important to ensure the effective operation of the SA8000 Social Accountability Management System. ***In making reports, it is very important that the facts and circumstances to be referred to be stated precisely.*** Otherwise, with general statements, it is not possible to act on the report and consequently make the necessary investigations.

HOW TO SUBMIT A COMPLAINT:

- via mail to the following address: Via Enrico Fermi, 8/10 – 36057 Arcugnano (VI)
- by e-mail to the address: sa8000@fiorentini.com
- Directly to SA8000 Workers' Representatives or SPT members.


If the interested party does not feel suitably represented and protected by the figures provided by the Social Accountability Management System, he/she is entitled to appeal directly in writing:

a) Certification Body:

Bureau Veritas Italia Spa – Divisione Certificazione Att.ne Responsabile CSR
 Viale Monza, 347 – 20126 Milano
 E-mail: csr@it.bureauveritas.com

b) Accreditation Body:

SAAS - Social Accountability Accreditation Service
 15 West 44th Street, 6th Floor - New York, NY 10036
 Tel: +1 (212) 391-2106 Fax: +1 (212) 684-1515
 E-mail: saas@saasaccreditation.org

 Pietro Fiorentini	SA8000 WARNING AND COMPLAINT FORM	Pag. 2/2
--	-----------------------------------	----------

SPACE RESERVED FOR THE COMPANY

COMPLAINT NO:

Reception arrangements:	<input type="checkbox"/> Mail	<input type="checkbox"/> Complaint box	<input type="checkbox"/> Personally	<input type="checkbox"/> E-mail
Relevance judgment:	<input type="checkbox"/> Relevant		<input type="checkbox"/> Not Relevant	
Documents/ Information to be acquired:				
Aspects to be further investigated:				
Results of the investigation - Proposed solutions:				
Outcomes achieved:				
Conclusions:				
Response sent on _____ via _____ to the interested party who reported the complaint.				
Date:	SPT members signature			