

Mod. 9.6.1 Complaint SA8000 rev.0 del 26/09/2023

Management system according to SA8000 BERGONZI MECCANICA s.r.l.

SA8000 Reports and Complaints Form

REPORT/ COMPLAINT WORKER CUSTOMER SUPPLIER OTHER THE INTERESTED PARTY WISHES TO STAY ANONIMOUS THE INTERESTED PARTY IS AVAILABLE TO BE CONTACTED: Name and Surname: Company: Address: Address: Mail: Phone Number: Phone Number: FREEDOM OF ASSOCIATION AND RIGHT TO COLLECTIVE BARGAINING WORKING TIME FORCED AND COMPULSORY LABOR DISCRIMINATION SALARY HEALTH AND SAFETY DISCRIPTION / COMPLAINT OR SUGGESTION REPORT DESCRIPTION / COMPLAINT OR SUGGESTION MANAGEMENT SYSTEM	SPACE RESERVED TO INTERESTED PARTY						
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HEALTH AND SAFETY DISCIPLINARY PROCEDURES MANAGEMENT SYSTEM							
	FORCED AND COMPULSORY LABOR						
REPORT DESCRIPTION / COMPLAINT OR SUGGESTION	HEALTH AND SAFETY						
	REPORT DESCRIPTION / COMPLAINT OR SUGGESTION						
Date: Signature							

NOTES TO THE COMPILER

PROCEDURE FOR SUBMITTING THE REPORT/COMPLAINT AND/OR SUGGESTION
Mail to bergonzimeccanicasrl@ticertifica.it

• Reporting box placed in the Human Resources Area