

STAKEHOLDER COMPLAINT FORM
Alisea S.r.l. Società Benefit

Complaint ID:

1. REPORTER'S DETAILS (OPTIONAL IF ANONYMITY IS PREFERRED)

- Full Name: _____
- Company: _____
- Email: _____
- Phone number: _____

I wish to remain anonymous

2. COMPLAINT CATEGORY

- Product/Service quality
- Environmental Impacts
- Working Conditions
- Ethical Conduct
- Supply Chain
- Other: _____

3. COMPLAINT DESCRIPTION

(Describe the issue in detail, including dates, locations, and people involved, if relevant)

4. DATE OF THE EVENT (if applicable)

___ / ___ / _____

5. ACTIONS ALREADY TAKEN (if any)

6. EXPECTED OUTCOME / REQUEST

7. ATTACHED DOCUMENTS (if any)

Yes

No

If yes, please specify: _____

8. CONSENT AND DECLARATION

I hereby declare that the information provided is, to the best of my knowledge, truthful and complete.

Alisea S.r.l Società Benefit si commits to:

- handle the complaint fairly and promptly
- ensure the confidentiality of the information
- protect the reporter from any form of retaliation

9. DATE AND SIGNATURE (optional)

Date: ____ / ____ / _____

Signature: _____

SUBMISSION METHOD

This form can be sent to:

commerciale@alisea.it or **commerciale@perpetua.it**