

AREA RESERVED FOR THE INTERESTED PARTY

<input type="checkbox"/> Complaint/Report <input type="checkbox"/> Suggestion <input type="checkbox"/> Non-Compliance Forwarded by:	<input type="checkbox"/> Worker	<input type="checkbox"/> Customer	<input type="checkbox"/> Supplier	<input type="checkbox"/> Other: _____
The report/Claim directly concerns	<input type="checkbox"/> SABAF S.p.A.	<input type="checkbox"/> Customer	<input type="checkbox"/> Supplier <input type="checkbox"/> Sub-supplier	<input type="checkbox"/> Other: _____

Identifying data of the interested party:

<input type="checkbox"/> The interested party prefers to remain ANONYMOUS	<input type="checkbox"/> The interested party can be contacted at:
	Contact: _____
	Company: _____
	Address: _____
	E-mail: _____
	Telephone: _____

SUBJECT OF REPORT

<input type="checkbox"/> Child labour	<input type="checkbox"/> Freedom of association and right to collective bargaining	<input type="checkbox"/> Work schedule
<input type="checkbox"/> Forced and compulsory work	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Compensation
<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Disciplinary procedures	<input type="checkbox"/> Management System

DESCRIPTION (content of complaint): _____ Date: _____

REQUESTED ACTION AND/OR REMEDIAL ACTION:

We would like to remind all employees that their collaboration with the audit, and therefore their reporting of any non-compliance, is important to ensure the effective functioning of the SA8000 Social Responsibility Management System.

FORWARDING COMPLAINTS:

- Personally or via post (SABAF SPA, VIA DEI CARPINI, 1 - 25035 OSPITALETTO BS), fax (030.6848249-030.6848295) or e-mail (spsa8000@sabaf.it or Internal audit company: internal.audit@sabaf.it as indicated in the Charter of Values)
- By means of special "complaints/reports/suggestions" boxes present within the company c/o the cafeteria area or the main entrance.
- Directly to a Workers' Representative SA8000 / RLS / Supervisor / RSU

If the interested party does not feel suitably represented and protected by the persons provided for by the Social Responsibility Management System, he/she can directly contact:

a) IQNet Ltd Certification Body Bollwerk 31 CH-3011 Switzerland Phone: +41 31 310 24 40 Fax: +41 31 310 24 49 E-mail: headoffice@iqnet.ch

b) SAAS - Social Accountability Accreditation Service - 15 West 44th Street, 6th Floor - New York, NY 10036, telephone (212) 684-1414, fax: (212) 684-1515, e-mail: saas@saasaccreditation.org

AREA RESERVED FOR THE COMPANY

COMPLAINT N. _____/YEAR

Received via:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Post/fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> Complaints box	<input type="checkbox"/> Personally
Judgement of relevance:	<input type="checkbox"/> Relevant		<input type="checkbox"/> Not Relevant		
Documents/ Information to be acquired:					
Aspects to review further:					
Results of inquiry - Solutions proposed:					
Results achieved:					
Conclusions:					
Reply sent on date _____ by means of _____ to the interested party who filed the complaint.					
Date:	Signature RDRS:		Signature RLRS:		