**M O D U L O**

Al Responsabile della Prevenzione

della Corruzione e della Trasparenza

ASL VITERBO

OGGETTO: Aggiornamento 2022-2024 al PTPCT dell’ASL Viterbo – proposte/osservazioni.

La/il sottoscritta/o...............................................................................................................................................

nata/o a..................................................................... il.......................................................................................

residente in ……………………………………………………………………………………………………………………………………………………

in qualità di..........................................................................................................................................................

in rappresentanza di …........................................................................................................................................

con sede in...........................................................................................................................................................

telefono ..................................................indirizzo email …..........................................................

visto il Piano triennale della prevenzione della corruzione e trasparenza 2021-2023 dell’ASL Viterbo (link:

<http://www.asl.vt.it/approfondimenti/trasparenza2021/piano.pdf>)

propone le seguenti proposte e/o osservazioni:

…..........................................................................................................................................................................

…..........................................................................................................................................................................

…..........................................................................................................................................................................

…..........................................................................................................................................................................

…..........................................................................................................................................................................

…..........................................................................................................................................................................

…..........................................................................................................................................................................

…..........................................................................................................................................................................

…..........................................................................................................................................................................

per le seguenti ragioni / motivazioni:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRMA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allega documento di identità.