|  |  |  |  |
| --- | --- | --- | --- |
| Name ofWhistle blower | [ ] Anonymity | Date of report |  |
| Whistle blower（Types of Contract） | \*Please check your answer[ ] Employee (Employee number: branch office: department: )[ ] Contract employee [ ] Part-time worker[ ] Dispatched worker (Name of dispatched agency: )[ ] Business Partner (business relations: company name: department:　 )[ ] Others |
| Preferred method of contact | \*Please check your answer[ ] TEL [ ] House [ ] Workplace [ ] Mobile [ ] Others( ) [ ] EMAIL [ ] House [ ] Workplace [ ] Others( ) [ ] FAX [ ] House [ ] Others( ) [ ] Postage [ ] House [ ] Workplace [ ] Others( ) [ ] Others( ) |
| Contact information |  |
| Details of Report | 1. Name of the person who is responsible for the violation：

　Department：1. Has the violation already taken place \*Please check your answer

[ ] Yes [ ] No. It will take place soon. [ ] Others　（when）　（where）　（what）　（how）　（for what purpose）　（why）　 Applicable law violations1. Please tell us how you noticed the violation.：
2. What are your thoughts on the violation：
3. Other special comments：
 |
| Documentary evidence　\*Please check your answer[ ] Available[ ] documents　[ ] data　[ ] email　[ ] others（　　　　　　　　　　　　　　　　　）[ ] NoneNotification of progress and results of investigations, etc.[ ] Yes[ ] No |

\*Please use this document to organize the report contents.

（You may send this document by post or email.）

\*Please fill in as much information as you can.

（You don't need to fill up everything.）

\*Please cooperate by reporting using your real name, if possible.

(If you are anonymous, we may not be able to notify you of the results of the investigation, or fully investigate the facts.)