|  |  |  |  |
| --- | --- | --- | --- |
| Name of  Whistle 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 violations   1. 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（　　　　　　　　　　　　　　　　　）  None  Notification 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.)