

< Reporting Format >

Name of Whistle blower	<input type="checkbox"/> Anonymity	Date of report	
Whistle blower (Types of Contract)	<p>*Please check your answer</p> <p><input type="checkbox"/>Employee (Employee number: branch office: department:)</p> <p><input type="checkbox"/>Contract employee <input type="checkbox"/>Part-time worker</p> <p><input type="checkbox"/>Dispatched worker (Name of dispatched agency:)</p> <p><input type="checkbox"/>Business Partner (business relations: company name: department:)</p> <p><input type="checkbox"/>Others</p>		
Preferred method of contact	<p>*Please check your answer</p> <p><input type="checkbox"/>TEL <input type="checkbox"/>House <input type="checkbox"/>Workplace <input type="checkbox"/>Mobile <input type="checkbox"/>Others()</p> <p><input type="checkbox"/>EMAIL <input type="checkbox"/>House <input type="checkbox"/>Workplace <input type="checkbox"/>Others()</p> <p><input type="checkbox"/>FAX <input type="checkbox"/>House <input type="checkbox"/>Others()</p> <p><input type="checkbox"/>Postage <input type="checkbox"/>House <input type="checkbox"/>Workplace <input type="checkbox"/>Others()</p> <p><input type="checkbox"/>Others()</p>		
Contact information			
Details of Report	<p>1. Name of the person who is responsible for the violation : Department :</p> <p>2. Has the violation already taken place *Please check your answer <input type="checkbox"/>Yes <input type="checkbox"/>No. It will take place soon. <input type="checkbox"/>Others (when) (where) (what) (how) (for what purpose) (why) Applicable law violations</p> <p>3. Please tell us how you noticed the violation. :</p> <p>4. What are your thoughts on the violation :</p> <p>5. Other special comments :</p>		
<p>Documentary evidence *Please check your answer</p> <p><input type="checkbox"/>Available</p> <p><input type="checkbox"/>documents <input type="checkbox"/>data <input type="checkbox"/>email <input type="checkbox"/>others ()</p> <p><input type="checkbox"/>None</p> <p>Notification of progress and results of investigations, etc.</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>			

*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.)