Form 1

Form for Report/Consultation

Name of			Date of entry	
informant		(• Anonymous)		(Year/month/date)
Affiliation of informant		Employees, Temporary employees		
		(Dept/Sec:		
		· Short-term employee, Dispatched employee		
		(Dept/Sec:) • Former employee		
		• Business partner (Transactional relationship:		
		Company name: Dept/Sec:		
		• Others ()
Contact of choice		• Phone [Home • Work • Cell	· Others ()]
		• E-mail [Home • Work • Others (
		• Fax [Home • Others ()]
		• Written form [Home • Wor	k • Others ()]
		• Others ()
Contact to				
	① Subject person of report, etc.: Dept/Sec:			
Content of report, etc.				
	② Subject activity [has been conducted • is going to be conducted • Others			
	(When)			
	(Where)			
	(What)			
	(How)			
	(For what)			
	(Why)			
	Subject violation of laws, etc			
	③ How learned of subject activity:			
	4 Views on subject activity:			
	⑤ Special note:			
Documentary and other evidence [Present [Written form · Tape · Floppy disk · Others ()] · Absent]				
Notification of progress/final report of investigation (Yes • No)				
(*Notification shall not be made when a report, etc. is anonymous.)				
(//// totalleadon blain not be filede when a report, etc. is anonymous.)				

XPlease use this form to organize the content of the report, etc. (This form can be sent by post or e-mail.)

XPlease fill out this form to the extent possible. (Need not fill out every column.)

XIf possible, please use your real name. (If this report/consultation is anonymous, a notification of investigation results may not be made and an adequate fact-finding investigation may not be possible.)