

【Otemon Gakuin】 Consultation Form

★ = Required

1. Please tell us about yourself	
★ Company name	
Department	
★ Disclosure of your name to the company	<input type="checkbox"/> Make it anonymous <input type="checkbox"/> Use your real name
name (When using the above real name)	

2. Please give us your contact information (Contact information will not be disclosed to the company)			
★ Disclosure of your name to the external contact	<input type="checkbox"/> Make it anonymous <input type="checkbox"/> Use your real name		
name (When using the above real name)			
★ Email address	<div style="text-align: right;">@</div>		
★ Whether the results of the investigation should be sent or not	<input type="checkbox"/> Necessary <input type="checkbox"/> Unnecessary		
Contact method (If the above is necessary)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">Email</td> <td style="padding: 2px;"> <div style="text-align: right;">@</div> </td> </tr> </table>	Email	<div style="text-align: right;">@</div>
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3. What would you like to whistleblow or discuss?

<p>★ Whistleblowing/ Consultation Category</p>	<input type="checkbox"/> Violation of laws and regulations <input type="checkbox"/> Violation of company rules <input type="checkbox"/> Harassment consultation <input type="checkbox"/> Mental health consultation <input type="checkbox"/> Opinions, requests, and suggestions for improvement
<p>Occurrence time</p>	<input type="checkbox"/> Within 1 week <input type="checkbox"/> Within 1 month <input type="checkbox"/> Within 6 months <input type="checkbox"/> Within 1 year <input type="checkbox"/> Over 1 year ago <input type="checkbox"/> Over 3 years ago
<p>Occurrence place</p>	<input type="checkbox"/> Workplace/School <input type="checkbox"/> Break room <input type="checkbox"/> Online <input type="checkbox"/> Receptions/Activities <input type="checkbox"/> On the road at work/On a business trip <input type="checkbox"/> Home <input type="checkbox"/> Customer's place <input type="checkbox"/> Other
<p>Recognition time</p>	<input type="checkbox"/> Within 1 week <input type="checkbox"/> Within 1 month <input type="checkbox"/> Within 6 months <input type="checkbox"/> Within 1 year <input type="checkbox"/> Over 1 year ago <input type="checkbox"/> Over 3 years ago
<p>Details of whistleblowing/consultation</p> <p>Please be specific as to what actions were taken and how often they were taken.</p> <p>Please enter as much detail as you can about the occurrence time and recognition time.</p>	
<p>★ Request to the company</p>	
<p>★ Recognition of the surroundings</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>★ Evidence</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="color: red;">if there is evidence</p>	<p>① Please enclose</p> <p>② Evidence will be submitted to the company as it is. If you wish to remain anonymous, please ensure that your information is not included.</p>

4. Who did that?

Company name	
Department	
Job Title	
Name	