【Broadleaf Group】Consultation Form

★＝Required

1．Please tell us about yourself	
★ Company name	
★ Department	
★ Disclosure of your name to the company	☐ Make it anonymous　☐ 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	☐ Make it anonymous　☐ Use your real name	
name (When using the above real name)		
★ Email address	@	
★ Whether the results of the investigation should be sent or not	☐ Necessary　☐ Unnecessary	
Contact method (If the above is necessary)	Email	@
	TEL	—　—
	Mail	〒　—

3．What would you like to whistleblow or discuss?（1/2）	
★ Whistleblowing/ Consultation Category	☐ Violation of laws and regulations ☐ Violation of company rules ☐ Harassment consultation ☐ Mental health consultation ☐ Opinions, requests, and suggestions for improvement
Occurrence time	☐ Within 1 week ☐ Within 1 month ☐ Within 6 months ☐ Within 1 year ☐ Over 1 year ago ☐ Over 3 years ago
Occurrence place	☐ Workplace/School ☐ Break room ☐ Online ☐ Receptions/Activities ☐ On the road at work/On a business trip ☐ Home ☐ Customer's place ☐ Other
Recognition time	☐ Within 1 week ☐ Within 1 month ☐ Within 6 months ☐ Within 1 year ☐ Over 1 year ago ☐ Over 3 years ago
★ Details of whistleblowing/consultation Please be specific as to what actions were taken and how often they were taken. Please enter as much detail as you can about the occurrence time and recognition time.	

3．What would you like to whistleblow or discuss?（2/2）	
★ Request to the company	
★ Recognition of the surroundings	☐ Yes ☐ No
★ Evidence	☐ Yes ☐ No
if there is evidence	① Please enclose 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.

4．Who did that?	
Company name	
Department	
Job Title	
Name	