

## 【SUENAGA Group】 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<br>(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<br>(When using the above real name)                                                              |                                                                                        |
| ★ Email address                                                                                       | _____@_____                                                                            |
| ★ Whether the results of the investigation should be sent or not                                      | <input type="checkbox"/> Necessary <input type="checkbox"/> Unnecessary                |
| Contact method<br>(If the above is necessary)                                                         | Email      _____@_____                                                                 |
|                                                                                                       | TEL      _____ — _____ —                                                               |
|                                                                                                       | Mail      〒 _____ — _____                                                              |

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

| 3. What would you like to whistleblow or discuss? (2/2) |                                                                                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ★ Request to the company                                |                                                                                                                                                                 |
| ★ Recognition of the surroundings                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        |
| ★ Evidence                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        |
| if there is evidence                                    | ① Please enclose<br>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             |  |