

【学校法人大正大学】 Consultation Form

★ = Required

1. Please tell us about yourself	
★ Universityname	
Student number	
Department	
★ Disclosure of your name to the University	<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 University)							
★ Disclosure of your name to the off-campus counter	<input type="checkbox"/> Make it anonymous <input type="checkbox"/> Use your real name						
name (When using the above real name)							
★ Email address	<div style="border-bottom: 1px solid black; width: 100%;"></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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Email</td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> @ </td> </tr> <tr> <td style="padding: 2px;">TEL</td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </td> </tr> <tr> <td style="padding: 2px;">Mail</td> <td style="padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </td> </tr> </table>	Email	<div style="border-bottom: 1px solid black; width: 100%;"></div> @	TEL	<div style="border-bottom: 1px solid black; width: 100%;"></div>	Mail	<div style="border-bottom: 1px solid black; width: 100%;"></div>
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	TEL	<div style="border-bottom: 1px solid black; width: 100%;"></div>					
Mail	<div style="border-bottom: 1px solid black; width: 100%;"></div>						

3. What would you like to discuss?	
★ Consultation Category	<input type="checkbox"/> Harassment consultation
Occurrence time	<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
Occurrence place	<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
Recognition time	<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
Details of 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.	
★ Request to the University	
★ 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 ② Evidence will be submitted to the University as it is. If you wish to remain anonymous, please ensure that your information is not included.

4. Who did that?

University name	
Department	
Job Title	
Name	