

【Alinamin Pharmaceutical 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 (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	@	
★ 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)	Email	@
	Mail	〒 —

3. What would you like to whistleblow or discuss? (1/2)

★ Whistleblowing/ Consultation Category	<input type="checkbox"/> Violation of laws and regulations <input type="checkbox"/> Violation of company rules <input type="checkbox"/> Harassment consultation <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 <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 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	<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 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	