**Reporting Form**

**Speak Up Reporting Form**

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| Reporting Date |  |
| Reporting Person | ( )　Name ( )　Anonymous [First name: Last name: ]  |
| Your Status | ( ) Employee or Board member of the Company | ( ) Family of the Company employee or Board member |
| ( ) Employee or Board member of a Group companyCompany name [: ] | ( ) Employee of the Company's trading partnerCompany name [: ] |
| ( ) None of the above　[: ] |
| Your Affiliation (e.g. a section where you work) |  |
| Incident Reported  | \*Details of suspected compliance violation (who, what, where, when, etc.) |
| When it occurred ：　Where it occurred ：Who is suspected of violation ：Details of suspected violation ： |
| Means for contact from the Company | ( ) Phone [No.: ]( ) E-mail [Address: ]( ) Face-to-face [Place: ]( ) Mail [Address: ]Remarks　 [ ] |