

(Please enter the details of your report below.)

Details of the whistleblowing report		
The fact of any illegal act	<input type="checkbox"/> Has occurred <input type="checkbox"/> Is about to occur	
Person to be reported	Name	
	Affiliation	
Contents of the facts to be reported (When, Where, Who, What, Why, and How?) *Please be specific.		
*If you can't write all the lines, you can change the line height or add more lines. You may also fill out a separate sheet of paper and attach it.		
When and how you knew about the facts to be reported		
Thoughts on the facts to be reported (possible violation of laws and regulations, or university rules)		
Do you want corrective measures? (*We do not guarantee that the measures you request will be implemented.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please indicate the measures you would like to take. (_____)		
Special Remarks		
Evidentiary materials, etc.		
<input type="checkbox"/> I have (<input type="checkbox"/> Attached <input type="checkbox"/> Submission at a later date) <input type="checkbox"/> I don't have		
Do you want to be notified of the results of the investigation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (* Anonymous reports will not be contacted.)		
Did you report or consult with anyone other than this report?		
<input type="checkbox"/> I reported/consulted <input type="checkbox"/> I reported/consulted, but not corrected <input type="checkbox"/> I was disadvantaged as a result of reporting or consulting. <input type="checkbox"/> I did not report/consult yet		
Where to report/consult (name, organization name, etc.) and when the report was made		

Please fill out the necessary information and submit it to the reporting office.

Sophia School Corporation Audit Office

7-1 Kioi-cho, Chiyoda-ku, Tokyo, 102-8554

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