Sophia School Corporation Whistleblower Report / Consultation Sheet

 Unless the whistleblower gives his/her consent, the details of the report will be shared only with the minimum scope of parties necessary to resolve the report, and all parties involved will be obligated to maintain confidentiality. Before reporting, please be sure to understand the "Points to Note When Reporting" section on the "Whistleblowing System" page of the university's official website (https://www.sophia-sc.jp/en/whistleblowing_e.html). Please fill in the whisleblowing report to the best of your knowledge. (You do not need to fill out everything.) "Evidentiary materials, etc." is not limited to written documents but also includes electronic data and other items that serve as evidence of the facts contained in the report. Please provide them fot the reporting office when reporting. 							
Date: YYYY/MM/DD / / / Whistleblower Reporting Consultation							
Personal Information							
Anonymous Reporting?							
Name							
Position / Affiliation							
☐ The Corporation's officers ☐ Teaching / Administrative staff (Affiliation:) ☐ Student (Affiliation / ID No.:) ☐ Retired staff (Affiliation at time of retirement:) ☐ Workers dispatched under Contract [*1] (Affiliation:) ☐ Employees of Business Partners [*2] (Affiliation:) ☐ Others () [*1] workers dispatched under contract and workers who engage in business at Sophia School Corporation based on a consignment contract or other contract with the Corporation) [*2] employees of business partners based on contracts with the Corporation							
Information							
rred contact meth	hod Postal mail E-mail Phone (Multiple answers allowed)						
Postal Address							
E-mail address							
Phone number							
ninistrative purp 云: □ 電話	poses (Please don't fill in this box) 受付番号: □電子メール □郵送 □面談						
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(Please enter the details of your report below.)

Details of the whistleblowing	ng report						
The fact of any illegal act		Has occurred	☐ 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 r	eported (poss	ible violation of la	ws and regulations.	or university rules)			
5	1 (1			<i>,</i>			
Do you want corrective meas	sures? (*We	do not guarantee that t	he measures you request	t will be implemented.)			
☐ Yes	☐ No						
If "Yes", please indicate t	the measures	you would like to t	ake.				
()			
Special Remarks							
Evidentiary materials, etc.							
☐ I have (☐ Attached☐ Submission at a later date)☐ I don't have							
Do you want to be notified of the results of the investigation?							
Yes	☐ No	(* Anonymous repo	rts will not be contact	red.)			
Did you report or consult with	th anyone oth	er than this report?)				
☐ I reported/consulted ☐ I reported/consulted, but not corrected							
☐ I was disadvantaged as a result of reporting or consulting. ☐ 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

E-mail: koekitsuho110-co@sophia.ac.jp