

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://piloti.sophia.ac.jp/eng/info/whistleblowing/>).
- Please fill in the whistleblowing 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 for the reporting office when reporting.

Date:	YYYY / MM / DD
	/ /

Purpose:	<input type="checkbox"/> Whistleblower Reporting <input type="checkbox"/> Consultation
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Personal Information

Anonymous Reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "YES", you don't need to write your name below.)
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Name	
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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

Contact Information

Preferred contact method	<input type="checkbox"/> Postal mail <input type="checkbox"/> E-mail <input type="checkbox"/> Phone (Multiple answers allowed)
Postal Address	
E-mail address	
Phone number	

For administrative purposes (Please don't fill in this box)

受信日： _____ 受付番号： _____

受信方法： 電話 電子メール 郵送 面談

備考：

(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 may 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

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