

Whistleblowing Form

To: The Whistle-blowing consultation services of Osaka University

Date:

Name:

Contact information:

Telephone number:

Email address:

Facsimile number:

Affiliation:

Allegation

Person alleged of misconduct (Name, organizational affiliation)	
Alleged misconduct	
Existence of evidentiary document and its contents	Yes No * If available, please specify the contents of the document.

* Whistleblower reports will be accepted only if the whistleblower's name and contact information and the description of the allegation are given. However, a whistleblower report without such information may be accepted if the absence of such information is deemed justifiable in view of the nature of the allegation stated in it.

* Please provide specific details of the allegation to the extent possible (e.g., when, where, how, which law is violated, how you came to know of the fact, etc.)