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| Management no. |  |

To the administrator

Report on Adverse Impact on Human Rights

I have received information on a matter that is causing or contributing to an adverse impact on human rights, so I hereby report the contents and the countermeasures taken in response.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Report date | ( ) YY ( ) MM ( ) DD | | | | | | |
| Reporter affiliation |  | | | | | | |
| Reporter name |  | | | | | | |
| Information on a matter that is causing or contributing to an adverse impact on human rights | | | | | | | |
| Information acquisition date | ( ) YY ( ) MM ( ) DD | | | | | | |
| Source of the information | Consultation | Whistleblower | | | | Audit | |
| Other ( ) | | | | | | |
| Period of occurrence | ( ) YY ( ) MM ( ) DD | | | to | | ( ) YY ( ) MM ( ) DD | |
| Place of occurrence |  | | | | | | |
| Details of the information |  | | | | | | |
| Attached materials | | Reference name or number | | | |  |
| Measures taken in response to the above information (or measures to be taken) | | | | | | | |
| Person implementing the measures |  | | | | | | |
| Implementation period | ( ) YY ( ) MM ( ) DD | | | to | ( ) YY ( ) MM ( ) DD | | |
| Contents of the measures |  | | | | | | |
| Attached materials | | Reference name or number | | | |  |
| Remarks | | | | | | | |
|  | | | | | | | |

I have confirmed the content of the information and measures stated above.

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| Confirmation | Confirmation date | ( ) YY ( ) MM ( ) DD | |
| Administrator |  | seal |