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| Management no. |  |

To the administrator

Correction Plan for Adverse Impact on Human Rights

I would like to report the creation of a correction and recurrence prevention plan in response to an adverse impact on human rights.

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| --- | --- | --- | --- | --- | --- | --- |
| Preparation date | ( ) YY ( ) MM ( ) DD | | | | | |
| Preparer affiliation |  | | | | | |
| Preparer name |  | | | | | |
| Contents of the adverse impact on human rights | | | | | | |
| Period of occurrence | ( ) YY ( ) MM ( ) DD | | to | | ( ) YY ( ) MM ( ) DD | |
| Place of occurrence |  | | | | | |
| Subject(s) affected |  | | | | | |
| Details and measures taken so far |  | | | | | |
| Attached materials | Reference name or number | | | |  |
| Correction and recurrence prevention plan | | | | | | |
| Person in charge |  | | | | | |
| Department in charge |  | | | | | |
| Implementation period | ( ) YY ( ) MM ( ) DD | | to | ( ) YY ( ) MM ( ) DD | | |
| Contents of the countermeasures |  | | | | | |
| Attached materials | Reference name or number | | | |  |
| Intent of the countermeasures or goal after taking the countermeasures |  | | | | | |
| Contents of discussions with stakeholders (if no discussions took place, the reason why not) | | | | | | |
|  | | | | | | |
| Remarks | | | | | | |
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The decision on whether to approve the above correction and recurrence prevention plan is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Committee deliberation | Implementation date | ( ) YY ( ) MM ( ) DD | | |
| Outcome of deliberation |  | | |
| Approval decision | Approval decision | Approved | Not approved | |
| Decision date | ( ) YY ( ) MM ( ) DD | | |
| Administrator |  | | seal |
| Remarks | | | | |
|  | | | | |