(Form 2)

　　　Submitted on:

Attn: The President of Committee for the

Prevention of Harassment, Harassment Counseling

Applicant

(Name)

Counselor in charge

Harassment Statement Form

|  |  |
| --- | --- |
| Applicant | Department/Status  Name (Katakana)　　　　　　　　　　　　　Gender　　male or female  Contact　（Extension or Home）  Name disclosure　　Accept　or Not accept  Relation to the victim　　　　　The victim approved for this petition: Yes or No |
| Victim | （No need to fill in if same as the Applicant）  Department/Status  Name(Katakana) Gender male or female |
| Harasser | Department/Status  Name(Katakana)　 Gender male or female  Relation to the applicant |

|  |  |  |
| --- | --- | --- |
| Measures requesting | □eCoordination  □oordinati  □oordina | Issues to request |
| Background | （Reasons for this petition） | |