(Form 2)

　　　Submitted on:

Attn: The President of Committee for the

Prevention of Harassment, Harassment Counseling

Applicant

(Name)

Counselor in charge

 Harassment Statement Form

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

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