Kao Compliance Hotline -Report/Consultation Form-			
\Box Please select(\checkmark) all that apply.			
1	Date of report/consultation		
]
2	Full name of the person completing the form	Please place a checkmark if you wish to remain anonymous.	
		If you wish to remain anonymous, please be aware that there is a limit to the investigation that can be con corrective action that can be taken if you are unable to submit materials or evidence and cannot confirm t	
3	Your Relationship with the Kao Group	Employee of Kao Group Company	,
		Name of the company	<u> </u>
		 Business partner Affiliation Family member of an employee working for a Kao Group company 	
		□ Other []
		<pre></pre>	1
		<where? (location)=""></where?>	
	Details of the incident:		
4	(Please fill in as much detail as possible about the incident (when/since when, where, who/ to whom, what, how and what happened).)	Who? To whom? (Name of the person/ employee number/ organization/ company, if possible is a second secon	ole)>
<what happened?=""></what>		<what happened?=""></what>	
		Request investigation	
5	Response preferences	No investigation needed	
		D Other []
6	Have you attached any supplementary materials?	□ Yes	
		□ No	
7	Contact preferences	By Phone Phone number]
		By Email Email address]
		By post Address]
		City/ state Zip	ן 1
		Country	j
		□ Other]
			•
		XAny other request on communication procedures if any.	