

Misuse of Research Funds Report

受付No.

フリガナ										DATE		
1. Name of whistleblower										YYYY MM DD		
2. Affiliation of whistleblower	(1)	<input type="checkbox"/>	Board member	Affiliation						Position		
	(2)	<input type="checkbox"/>	Faculty or staff	Affiliation						Position		
	(3)	<input type="checkbox"/>	Retired	Previous affiliation						Previous position		
	(4)	<input type="checkbox"/>	Temporary staff	Agency								
	(5)	<input type="checkbox"/>	Contractor	Relationship						Company		
	(6)	<input type="checkbox"/>	Current student	Faculty and department								
	(7)	<input type="checkbox"/>	Other	Affiliation						Position		
3. 通報内容	(1)	フリガナ								Affiliation		
		Name of suspect										
	(2)	Facts of the case		<input type="checkbox"/>	Already occurring							
				<input type="checkbox"/>	About to occur							
	(3)	①	When									
		②	Where									
		③	What									
		④	How									
		⑤	For what purpose									
		⑥	Why did it happen?									
		⑦	Relevant law violation etc.		<input type="checkbox"/>	Misuse of competitive research funds intentionally or through gross neglect						
	<input type="checkbox"/>				Use of research funds that violates the conditions of the grant							
	<input type="checkbox"/>											
(4)	How did you found out about the situation?											
(5)	What do you think about the situation?											
(6)	Special notes											
4. Evidence	(1)	<input type="checkbox"/>	Documents	(2)	<input type="checkbox"/>	Tapes	(3)	<input type="checkbox"/>	Electronic	(4)	<input type="checkbox"/>	None
	(5)	<input type="checkbox"/>	Other (
5. Please provide contact details if you wish to be notified of the investigation developments and result (We cannot notify anonymous reporters)	(1)	<input type="checkbox"/>	Telephone	TEL								
	(2)	<input type="checkbox"/>	Email	Email								
	(3)	<input type="checkbox"/>	Post	Address	〒							
	(4)	<input type="checkbox"/>	Other									
	(5)	<input type="checkbox"/>	No contact please									
<p>1 Please use your real name</p> <p>2 If you submit an anonymous report, we may not be able to investigate fully. We only accept anonymous reports if there is sufficient reason and evidence to trust the contents.</p> <p>3 Please provide a report to the best of your knowledge (You do not have to complete every section) Please tick the appropriate boxes in this form.</p> <p>4 Your name and other personal information will only be used when necessary to contact you and to investigate the misconduct. We will keep this information secure.</p> <p>5 If the whistleblower is a member of Kobe University and it is determined that the whistleblower made a report knowing that the suspect did not misuse research funds, or made a report without a rational basis for these claims, the whistleblower may be subject to disciplinary action under employment regulations or education regulations.</p>												