■ Guideline for Managing Affairs related to Receiving and Handling Reports of Violations of Public Interest [Appendix Form No.1]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reporting Form | | | | | | | | | | | |
| Date |  | | No. | |  | | | | | Process period | (60 days) |
|  | | | | | | | | | | | |
| Reporter | Name |  | | Resident registration no. | | | |  | | | |
| Address |  | | | | | | | | | |
| Contact no. |  | | Occupation | | |  | | | | |
|  | | | | | | | | | | | |
| Reported Person | Name |  | | Resident registration no. | | | |  | | | |
| Address |  | | | | | | | | | |
| Contact no. |  | | Occupation | | |  | | | | |
|  | | | | | | | | | | | |
| Laws related to the violation of public interest |  | | | | | Competent administrative agency or public institution | | |  | | |
| Details of reporting |  | | | | | | | | | | |
| Attachment including evidential materials |  | | | | | | | | | | |
| I hereby report public interest violation committed by the subject as detailed above.  Date:  Reporter (sign or seal)  **Chairperson of the ACRC** | | | | | | | | | | | |
|  | | | | | | | | | | | |

■ Guideline for Managing Affairs related to Receiving and Handling Reports of Violations of Public Interest [Appendix Form No.2]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Disclosure of Personal Information Confirmation Form | | | | | | | |
| Reporter | Name |  | | Resident registration no. | |  | |
| Address |  | | | | | |
| Contact no. |  | | | | | |
|  | | | | | | | |
| Report | Subject |  | | | | | |
| Date | |  | | Registration no. | |  |
|  | | | | | | | |
| Disclosure of identity | 1. Examination & Verification Process by the ACRC  The report on violation of public interest that you have made will be examined and verified by the ACRC. Do you agree to disclose or imply your personal information during such processes?  ⇒ [ ] Agree [ ] Disagree  2. Investigation Process by investigative organizations  When your reporting case is referred or forwarded to investigative agencies, do you agree to disclose or imply your personal information during investigation processes, etc. by investigative agencies? If you choose "Disagree", your case will be referred or forwarded excluding your personal information.  ⇒ [ ] Agree [ ] Disagree | | | | | | |
|  | | | | | | | |
| I hereby confirm on the disclosure of personal information as stated above.  Date:  Reporter: (sign or seal)  **Chairperson of the ACRC** | | | | | | | |