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| Registration Form for Irregular Business Conduct |
| **Whistleblower** |
| Name： | Company Name： | Department： |
| Telephone number: |  |
| E-mail address： |  |
| Relationship with LISCONN: | □Employee □Supplier □Other\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Reported person** |
| Name： | Company Name： | Department： |
|  |
| **Summary of the incidents that occurred, including the persons, events, times, places, objects, etc.** |
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| **Lists of documents and evidence** |
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