**Campus Harassment Consultation Application**

Date: / / (dd/mm/yy)

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| 【　Applicant　】(Graduate)Student　,　High School　/　Junior High School Student　,　Faculty Member　,  Staff Member　,　Other(Please specify: 　　　　　 )  Affiliation：  Name：  Telephone：  e-mail： |

【　Please describe your complaint here(preferably in Japanese).　】

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＊Please fill in the boxes(bold borders)and provide a brief description of your complaint. Deliver the form to the Campus Harassment Consultation Office(in person,by fax or by postal mail, or by e-mail)

<Protection of personal information>

We will use your personal information only for communications from the Campus Harassment Consultaion Office.

We will strictly comply with the "Meiji University Regulations on the Protection of Personal Information."

For Office Use Only

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| Date filed: / / 　（dd/mm/yy）  Received: in person , fax , postal mail , e-mail  (other:　　 　 ） | Received at (dept):  Received by: | NO. |

【　Please describe your complaint here　】　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（No,　　　　）

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