

Appendix

Report Acceptance Log						
Time	_____ (Year) _____ (Month) _____ (Day) _____ (Hour) _____ (Minute)					
Name			Gender		Department	
Complaint and reporting methods	By Phone <input type="checkbox"/>	Visit <input type="checkbox"/>	By mail <input type="checkbox"/>	Designated <input type="checkbox"/>	Transferred <input type="checkbox"/>	Others <input type="checkbox"/>
Serial Number:			Telephone			
Content	Recorded by: Date:					
Internal Audit Dept's Comments	Signature: Date:					
Development Strategy and Risk Management Committee's Comments	Signature: Date:					
Processing Results and Feedback	Signature: Date:					
Conclusion	Signature: Date:					