		Report of Wrong	gful A	ct
Reporter	Name	(Sign)	0	(extension)
	Dept.		Contact	(mobile)
Reported	Name			
Person	Dept.		Position	
Reason and Content for Report	** Please des	scribe the specific facts accur	ately acc	ording to the 5 W's and 1 H.
Evidence				
document				
	The above	information is not false and 20 Gravity Co., Lt		rted as above.

[Guidelines for filling out the report]

	Reporter
0	Please accurately enter the reporter's name, department, and contact information, and seal or sign in the reporter's name field. For contact information, please accurately enter the office extension and mobile phone number where you can be contacted when investigating reports and notifying the results of the investigation.
	Reported Person(Subject)
0	Enter the name, department, and position of the person subject to the report. When reporting the reporter's own actions, the details of the reported act are not entered in the Reported Person column, but the details of the reported act are entered in the Reason for Report and Contents column.
	Reason and Content for Report
0	The information written in this field is the most important part for understanding the report and further investigation, so please write it in as much detail as possible. If there is not enough paper, please use the supplementary paper to write it.
0	Please accurately record the facts, including the reason and content of the report, according to the specific circumstances and chronological order in accordance with 5 W's and 1 H.
*	If Reports that make it difficult to understand or conduct an investigation because they do not specify specific facts, the reports may not be accepted.
	☐ Evidence Document
\bigcirc	Please list the evidence documents related to the report and attach the evidence documents to the report.