

Chienkuo Technology University

Campus Sexual Assault /Sexual Harassment/Sexual Bullying Investigation Application Form

Category	<input type="checkbox"/> Suspected sexual assault <input type="checkbox"/> Suspected sexual harassment <input type="checkbox"/> Suspected sexual bullying <input type="checkbox"/> Others about Gender Equity Education Committee						
Applicant / Informant Information	1	<input type="checkbox"/> The injured <input type="checkbox"/> Legal representative; Relationship to the offender _____			2	<input type="checkbox"/> Informant; Relationship to the offender : _____	
	3	Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date	yy/mm/dd
		Identification/ Passport number		Phone number		Department /School	Position
		Address					
4	The injured information	(1) <input type="checkbox"/> The same as 3, no need to fill in. (2) <input type="checkbox"/> Name _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Department /School _____ Phone number _____					
Content	Suspected perpetrator	<input type="checkbox"/> Name _____ <input type="checkbox"/> Unknown	Suspected perpetrator's department/school	<input type="checkbox"/> Know, _____ Phone number _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	1. <input type="checkbox"/> Have 2. <input type="checkbox"/> Never	_____(yy/mm/dd), with <input type="radio"/> Oral <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> E-mail <input type="radio"/> Others, address to _____ <input type="checkbox"/> Investigation <input type="checkbox"/> Submit an official report <input type="checkbox"/> Litigation					
	Time of the event	_____ (yy/mm/dd) <input type="checkbox"/> Morning AM: <input type="checkbox"/> Afternoon PM:					
	Place of the event						
	Process of the event						
Request	1. Expectation and demand of the applicant						
	2. The event concerns : <input type="checkbox"/> Disabled <input type="checkbox"/> Diverse genders <input type="checkbox"/> Foreigner <input type="checkbox"/> Others _____						
Relevant evidences	(List the attachments, and attach additional pages if necessary; No need to attach if no appendixes)						
Applicant or deputy signature _____				Apply date _____(yy/mm/dd)_			

Remarks	<ol style="list-style-type: none"> 1. Deputy has to attach the certificate. 2. The school or authority shall apply for an investigation or prosecution receipt of investigation should be referred to the investigation and handling of gender equality education committee established within three days of the event, within twenty days to notify the applicant in writing whether or informant accepted. The notification shall be accepted in writing stating the reasons and inform the applicant or the applicant complex period of prosecutors and the admissibility units. 3. The applicant or the informant did not receive the notification of the next day will not be accepted within 20 days, has to write a clear reason, the school or the competent authority within a period of re-application of the preceding. 4. School or authority on Gender Equity Education Committee should complete the investigation within two months after receiving the application or report. If necessary, it can be extended to be within the limit of twice, each no more than a month, and shall notify the applicant, the informant and the perpetrator. 5. In the processing, the persons concerned, school / original disposition authority or other concerns, on this event or implicated in the matter, bring up civil, criminal or administrative proceedings, should immediately notify the school / original disposition authorities Gender Equity Education Committee.
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After completing this form, please submit it to the Student Affairs Office of sexual harassment or sexual abuse complaint window (Student Affairs Lin Yu Ju as assistant secretary), or call the school line 1401.