

**National Yang Ming Chiao Tung University**  
**Application Form for the Investigation of Sexual Assault / Harassment /**  
**Bullying on Campus**

**Confidential**

<b>Type</b>	<input type="checkbox"/> Sexual assault <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Sexual bullying		Case No.:		
<b>Applicant</b>	<input type="checkbox"/> Victim	<input type="checkbox"/> Complainant <input type="checkbox"/> Legal representative			
	Please complete the following: Victim's name: Relationship with victim:				
	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	YYYY/MM/DD (Age    )	
	National ID No.(or passport No.)	Department/ Unit	Student No./ Job Title		
	Telephone number	E-mail			
Residential Address					
<b>Information on the Case</b>	Name of the Offender	<input type="checkbox"/> Unknown	Administrative/ Academic Unit of the Offender	<input type="checkbox"/> Unit : Tel : <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	
	<input type="checkbox"/> Once    On YYYY/MM/DD <input type="radio"/> Verbally <input type="radio"/> Via phone <input type="radio"/> Via fax <input type="radio"/> Via e-mail <input type="checkbox"/> Never <input type="radio"/> Other means    , Submit the <input type="checkbox"/> application for investigation <input type="checkbox"/> report of the case <input type="checkbox"/> the legal action.				
	Time of Occurrence	____/____/____ (YYYY/MM/DD)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.    ____ : ____ (HH/MM)	
	Place of Occurrence				
	Description of the Incident				

<b>Request</b>	( Applicant's Expectations and Requirements )	
<b>Relevant Evidence</b>	( Please list out and submit the evidence if any. )	
<b>Application Method</b>	<input type="checkbox"/> I demand an investigation	<input type="checkbox"/> and I am willing to explain the incident in person. <input type="checkbox"/> but I am NOT willing to explain the incident in person. Instead, I agree that all the facts shall prevail as the statement written above. <input type="checkbox"/> Others
	<input type="checkbox"/> I refuse any investigation, and agree that the incident would only be put on written record for reference.	
<b>Applicant/Representative:</b> _____ (Signature) <b>Application Date:</b> _____ (YYYY/MM/DD)		
<b>Notes</b>	<ol style="list-style-type: none"> <li>1. If an attorney is appointed, please submit the power of attorney.</li> <li>2. The University or competent authority shall refer the case to the Committee within three days upon receipt of the application for investigation or complaint, and notify the applicant or complainant in writing about whether the application or complaint is accepted within 20 days. The written notice of rejection shall specify the reasons, and advise the applicant or the complainant of the deadline for a reapplication and the office that is responsible for accepting the reapplication.</li> <li>3. If the applicant or the complainant does not receive a notification by the deadline described in the preceding paragraph or has received notification that an investigation will not be pursued, he/she may file a reapplication with written statement of grounds with the University or the competent authority within 20 days from the second date following the date of receipt of the notification.</li> <li>4. The gender equity education committee of the University or competent authority shall complete the investigation within 2 months upon receipt of the application or complaint. If necessary, the submission of investigation report may be extended, provided that it shall be extended no more than twice, no more than 1 month for each extension, and the committee shall notify the applicant, complainant and accused offender.</li> <li>5. The civil action, criminal action or administrative litigation initiated by the applicant, body rendering the original decision or other related parties against the subject matter of the application or any matters involved, if any, shall be notified to the University's gender equity education committee.</li> </ol>	

----- **Information on Receipt of the Application (For Official Use Only)** -----

Receiving unit	Unit		Receiving Officer		Job Title	
	Tel		Date & Time of Receiving the Application	_____/_____/_____ (YYYY/MM/DD) <input type="checkbox"/> A.M. _____ : _____ (HH/MM) <input type="checkbox"/> P.M. _____ : _____ (HH/MM)		

**Said record has been read out to or reviewed by the applicant.  
The applicant confirms that the record is true and correct.**

**Signature or seal by the record taker:**

<b>Notes</b>	<p><b>* The personnel receiving the application shall read the Remarks carefully.</b></p> <ol style="list-style-type: none"> <li>1. The "receiving unit" shall produce one copy of the application form and deliver the same to the application for record, after the application form is completed.</li> <li>2. The victim's information referred to in the application form shall be kept confidential, except for investigative reasons or public safety concerns. If any person who is obligated to keep confidential discloses the same, he/she shall be punished under Criminal Code or other related laws &amp; regulations.</li> <li>3. The University or competent authority shall refer the case to the gender equity education committee established by the University or authority within 3 days upon receipt of the application for investigation or complaint. The University or competent authority shall notify the applicant or complainant in writing about whether the application or complaint is accepted within 20 days upon receipt of the same. The written notice of rejection shall specify the reasons, and advise the applicant or the complainant of the deadline for a reapplication and the office that is responsible for accepting the reapplication.</li> <li>4. The civil action, criminal action or administrative litigation initiated by the applicant, unit rendering the original decision or other related parties against the subject matter of the application or any matters involved, if any, shall be notified to the University's gender equity education committee.</li> </ol>
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