National Yang Ming Chiao Tung University

Application Form for the Investigation of Gender-related Incident on Campus

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | **Confidential** | |  |
| **Type** | | | □ Sexual assault □ Sexual harassment □ Sexual bullying  □ Sex or gender-related behavior by a principal or faculty member that violates professional ethical standards | | | | | | | | | Case No.: | | | | |
| **Applicant** | | | □ Victim | | * Complainant * Legal representative | | | Please complete the following:  Victim's name:  Relationship with victim: | | | | | | | | |
| Name | |  | | | * Male * 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 | |  | | | | | | | | | | | |
| **Information on the Case** | | | Name of the Offender | | * Unknown | | Administrative/ Academic Unit of the Offender | | | □Unit：  Tel：   * N/A * Unknown | | | | | | |
| * Once * Never | | On YYYY/MM/DD 〇 Verbally 〇 Via phone 〇 Via fax 〇 Via e-mail  〇 Other means , Submit the   * application for investigation □report of the case □the legal action. | | | | | | | | | | |  |
| Time of  Occurrence | | □A.M.  / / (YYYY/MM/DD) □P.M. : (HH/MM) | | | | | | | | | | | |
| Place of  Occurrence | |  | | | | | | | | | | | |
| Description of the Incident | |  | | | | | | | | | | | |
| **Request** | | | （Applicant’s Expectations and Requirements） | | | | | | | | | | | | | |
| **Relevant Evidence** | | | （Please list out and submit the evidence if any.） | | | | | | | | | | | | | |
| **Application Method** | | | □ I demand an investigation | | □ and I am willing to explain the incident in person.  □ 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.  □ Others | | | | | | | | | | |
| □ I **refuse** any investigation, and agree that the incident would only be put on written record for reference. | | | | | | | | | | | | |
| **Applicant/Representative:** (Signature) | | | | | | | | **Application Date:** (YYYY/MM/DD) | | | | | | | |
| Notes | 1. If an attorney is appointed, please submit the power of attorney. 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. 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. 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. 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. | | | | | | | | | | | | | | |

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Receiving unit | | Unit |  | Receiving  Officer |  | Job Title |  |
| Tel |  | Date & Time of Receiving the Application | / / (YYYY/MM/DD)  □A.M. : (HH/MM)  □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:** | | | | | | | |
| **Notes** | **＊The personnel receiving the application shall read the Remarks carefully.**   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. 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 & regulations. 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. 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. | | | | | | |