

長榮大學校園性侵害性騷擾或性霸凌事件調查申請書 密件

類別	<input type="checkbox"/> 性侵害事件 <input type="checkbox"/> 性騷擾事件 <input type="checkbox"/> 性霸凌事件							
申請人資料	<input type="checkbox"/> 被害人			<input type="checkbox"/> 檢舉人 請填寫 <input type="checkbox"/> 法定代理人 被害人姓名：_____				
				與被害人之關係：_____				
	姓名		性別	<input type="checkbox"/> 男 <input type="checkbox"/> 女		出生年月日		年 月 日 (歲)
	身分證統一編號 (或護照號碼)		聯絡電話		服務或就學單位		職稱	
住(居)所	縣市		村里	路段	巷	弄	號 樓	
申請事實內容	行為人姓名	<input type="checkbox"/> 不詳		行為人服務或就學單位	<input type="checkbox"/> 知悉—單位名稱：_____ 聯絡電話：_____ <input type="checkbox"/> 無 <input type="checkbox"/> 不詳			
	<input type="checkbox"/> 曾於 年 月 日以 <input type="checkbox"/> 口頭 <input type="checkbox"/> 電話 <input type="checkbox"/> 傳真 <input type="checkbox"/> 電子郵件 <input type="checkbox"/> 其他方式，向_____提出 <input type="checkbox"/> 不曾							
	<input type="checkbox"/> 調查申請 <input type="checkbox"/> 報案 <input type="checkbox"/> 訴訟陳情。							
	事件發生時間	年 月 日		<input type="checkbox"/> 上午 <input type="checkbox"/> 下午		時	分	
事件發生地點								
事件發生過程								
請求事項	(申請人對處理的期待與要求)							
相關證據	(請條列附件，並檢附之；無者免填)							
申請人或委任代理人簽名或蓋章：				申請日期： 年 月 日				
備註	1. 委任代理人須檢附委任書。 2. 學校或主管機關經證實申請人有誣告之事實，應依法對申請人為適當之懲處。 3. 學校或主管機關應於接獲申請調查或檢舉時，應於三個工作日內將該事件交由所設之性別平等教育委員會調查處理，於二十日內，以書面通知申請人或檢舉人是否受理。不受理之書面通知應敘明理由，並告知申請人或檢舉人申復之期限及受理單位。 4. 申請人或檢舉人於前項之期限內未收到通知或接獲不受理通知之次日起二十日內，得以書面具明理由，向學校或主管機關提出申復。 5. 學校或主管機關性別平等教育委員會應於受理申請或檢舉後二個月內完成調查。必要時，得延長之，延長以二次為限，每次不得逾一個月，並應通知申請人、檢舉人及行為人。 6. 在申請程序中，申請人、原處分單位或其他關係人，就申請事件或其牽連之事項，提出民事訴訟、刑事訴訟或行政訴訟者，應即通知學校性平會。							

(背面)

-----處理情形摘要(以下申請人免填,由接獲申請單位自填)-----

收件單位	單位名稱		收件人員		職稱	
	聯絡電話		接獲申訴時間	年 月 日	<input type="checkbox"/> 上午 <input type="checkbox"/> 下午	時 分
以上紀錄經向申請人朗讀或交付閱覽，申請人認為無誤。						
紀錄人簽名或蓋章：						
備註	*收件人員須熟讀備註					
	1.本申請書填寫完畢後，「收件單位」應影印1份予申請人留存。 2.本申請書所載當事人相關資料，除有調查之必要或基於公共安全之考量者外，應予保密；負保密義務者洩密時，應依刑法或其他相關法規處罰。 3.學校或主管機關應於接獲申請調查或檢舉時，應於三個工作日內將該事件交由所設之性別平等教育委員會調查處理，於二十日內，以書面通知申請人或檢舉人是否受理。不受理之書面通知應敘明理由，並告知申請人或檢舉人申復之期限及受理單位。 4.在申請程序中，申請人、原處分單位或其他關係人，就申請事件或其牽連之事項，提出民事訴訟、刑事訴訟或行政訴訟者，應即通知學校性平會。					

(卑 鼎)

謹陳

長榮大學 性別平等教育委員會

中華民國 年 月 日

**Chang Jung Christian University Application Form for Investigating Campus
Sexual Assault, Sexual Harassment or Sexual Bullying Incidents** **Confidential**

Type	<input type="checkbox"/> Sexual Assault <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Bullying							
Applicant Information	<input type="checkbox"/> Victim		<input type="checkbox"/> Prosecutor <input type="checkbox"/> Custodian		Please fill in: Name of victim : _____ Relationship to victim : _____			
	Name	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	(yy) (mm) (dd) (Age:)		
	Personal ID Number (or Passport Number)	Telephone	Unit of employment or study		Job Title			
	Address of Residence	F-__, No. __, Aly. __, Ln. __, Sec. __, __ Rd.(St.), __ City, __ County						
Incident Details	Name of Perpetrator	<input type="checkbox"/> Unknown	Perpetrator's unit of employment or study	<input type="checkbox"/> Known--name of unit: _____ Telephone: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown				
	<input type="checkbox"/> Reported before Reported <input type="checkbox"/> verbally <input type="checkbox"/> by telephone <input type="checkbox"/> by fax <input type="checkbox"/> by email <input type="checkbox"/> by other means to _____ on __ (yy) __ (mm) __ (dd) to request <input type="checkbox"/> Not reported <input type="checkbox"/> investigation <input type="checkbox"/> police report <input type="checkbox"/> file charges.							
	Time of incident	__ (yy) __ (mm) __ (dd)		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. ____ : ____				
	Place of incident							
	Describe what happened							
Requests	(Applicant's expectations and requests)							
Relevant Evidence	(Please list and attach documents, if any)							
Signature or stamp of applicant or attorney in fact : Application date : __ (yy) __ (mm) __ (dd)								
Note	<ol style="list-style-type: none"> 1. Attorney in fact must attach letter of authorization. 2. If the University or competent authority finds the applicant guilty of false accusation, the applicant shall be punished in accordance with the law. 3. Upon receipt of application for investigation, the University or competent authority shall submit the incident report to its Gender Equity Committee within three working days, and send written notification to the applicant or person reporting of acceptance or non-acceptance of case within 20 days. Written notification of non-acceptance shall include an explanation of reasons, and inform the applicant or person reporting of appeal time limit and handling unit. 4. Applicants or persons reporting who have not received the notification in the preceding paragraph, or who have received a non-acceptance notification, may submit an appeal to the University or competent authority within 20 days beginning the day after the receipt of notification, and explain the reasons for appeal. 5. The Gender Equality Education Committee of the University or competent authority shall complete the investigation within two months of receiving the application or report. The investigation may be extended if necessary. Only two extensions are permitted, and each extension shall not exceed one month. Applicants, reporting persons and perpetrators shall be notified of extensions. 6. During the application process, if applicants, original disposition units or other related persons submit a civil criminal suit or administrative litigation pertaining to the application incident or matters related to the incident, they shall immediately notify the University's Gender Equity Committee. 							

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-----Status Summary (This section is to be filled by the unit receiving the application) -----

Receiv ing Unit	Name of Unit		Recipient		Job Title	
	Telephone		Time of Application Receipt	__(yy)__ (mm)__ (dd) <input type="checkbox"/> ^a .m. <input type="checkbox"/> p.m.	__ : __	
The above report has been read to or read by the applicant, and verified accurate by the applicant. Signature or stamp of person recording:						
Note	* To be carefully read by the receiving person: 1. After this application form is completed, the Receiving Unit shall provide the applicant with one photocopy. 2. The information pertaining to the parties involved in this application form shall be kept confidential unless necessary to investigation or public safety. Those found in violation of confidentiality obligations shall be punished according to criminal law or other relevant regulations. 3. Upon receipt of application for investigation, the University or competent authority shall submit the incident report to its Gender Equity Committee within three working days, and send written notification to the applicant or person reporting of acceptance or non-acceptance of case within 20 days. Written notification of non-acceptance shall include an explanation of reasons and inform the applicant or person reporting of appeal time limit and handling unit. 4. During the application process, if applicants, original disposition units or other related persons submit a civil criminal suit or administrative litigation pertaining to the application incident or matters related to the incident, they shall immediately notify the University's Gender Equity Committee.					

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To Gender Equity Education Committee, Chang Jung Christian University
__(yy)__ (mm)__ (dd)