

## 長榮大學校園性侵害性騷擾或性霸凌事件申復書

<b>類別</b>	<input type="checkbox"/> 性侵害事件 <input type="checkbox"/> 性騷擾事件 <input type="checkbox"/> 性霸凌事件						
<b>申復事由</b>	<input type="checkbox"/> 被害人（或委任代理人） <input type="checkbox"/> 檢舉人 <input type="checkbox"/> 法定代理人（與被害人_____之關係：_____）			<input type="checkbox"/> 行為人（或委任代理人） <input type="checkbox"/> 法定代理人（與行為人_____之關係：_____）			
	本案前於 年 月 日向 _____ 學校性別平等教育委員會提性侵害或性騷擾調查申請，然：			<input type="checkbox"/> 本案前於 年 月 日經 _____ 學校性別平等教育委員會調查，因對 _____（具懲處權責學校或主管機關）之處理結果不服，依校園性侵害或性騷擾防治準則第 25 條規定，爰向貴單位提出申復。			
<input type="checkbox"/> 申請結果為不受理（詳所附性騷擾或性侵害申請不受理通知書）。 <input type="checkbox"/> 調查結果為不成立（詳所附性騷擾或性侵害事件不成立通知書）。 <input type="checkbox"/> 對行為人的懲處結果不服。 <input type="checkbox"/> 調查事實或程序有瑕疵或有足以影響原調查認定之新事實、新證據。			<input type="checkbox"/> 調查事實或程序有瑕疵或有足以影響原調查認定之新事實、新證據。				
爰向貴單位提出申復。							
姓名			性別	出生年月日	年	月	日
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					
申復理由		（當調查事實或程序有瑕疵或有新事實、新證據時，請詳述之。）					
相關證據 （請條列附件，並檢附之；無者免填）							
申復人簽名或蓋章：				申復日期： 年 月 日			

(背面)

-----處理情形摘要(以下申復人免填,由接獲申復請單位自填)  
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申復單位	單位名稱		收件人員		職稱	
	聯絡電話		接獲申復時間	年 月 日	<input type="checkbox"/> 上午 <input type="checkbox"/> 下午	時 分
以上紀錄經向申復人朗讀或交付閱覽,申復人認為無誤。 紀錄人簽名或蓋章:						
備註	<b>*收件人員須熟讀備註</b> 1. 委任代理人須檢附委任書。 2. 本申復書填寫完畢後,應影印1份予申復人留存。 3. 依防治準則第14條規定,學校或主管機關接獲申復後,應於二十日內以書面通知申復人申復結果。申復有理由者,學校或主管機關並應將申請調查或檢舉案交付性別平等教育委員會處理。 4. 依前項規定,調查申請處理結果為不受理之申復以一次為限。 5. 本申復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。					

( 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 Appeal Application Form for Investigating Campus Sexual Assault, Sexual Harassment or Sexual Bullying Incident

Type	<input type="checkbox"/> Sexual Assault <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Bullying						
Reason for Appeal	<input type="checkbox"/> Victim ( or attorney in fact ) <input type="checkbox"/> Prosecutor <input type="checkbox"/> Custodian (Relationship with the victim _____ is _____) .			<input type="checkbox"/> Perpetrator ( or attorney in fact ) <input type="checkbox"/> Custodian (Relationship with the perpetrator _____ is _____) .			
Application for investing the sexual assault, sexual harassment or sexual bullying incident was submitted to the _____ University Gender Equality Education Committee on (yy) (mm) (dd), and: <input type="checkbox"/> Application was not accepted (details as in the attached non-acceptance notification for the sexual assault, sexual harassment or sexual bullying incident investigation application). <input type="checkbox"/> Investigation found no grounds for the case (details as in the attached no grounds notification for the sexual assault, sexual harassment or sexual bullying incident). <input type="checkbox"/> Objection to the punishment dispensed to the perpetrator. <input type="checkbox"/> Substance or procedure of investigation is flawed, or new facts and evidence that may affect the original investigation have emerged.			<input type="checkbox"/> The case was investigated by the ___ University Gender Equality Education Committee on ___(yy)__(mm)__(dd). I object to the investigation outcome by _____ (the school or the competent authority responsible for the punishment), and hereby submit an appeal application to your unit in accordance with Article 25 of Regulations on the Prevention of Sexual Assault, Sexual Harassment, and Sexual Bullying on Campus. <input type="checkbox"/> Substance or procedure of investigation is flawed, or new facts and evidence that may affect the original investigation have emerged.				
Therefore I hereby submit the application of appeal to your unit.							
Name		Gender		Date of Birth	(yy)	(mm)	(dd)
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						
Reason for appeal	(In case of flaw in substance or procedure of investigation, or emergence of new facts and evidence, please describe in detail).						

Relevant Evidence	(Please list and attach documents, if any)
Signature or stamp of appeal applicant: Date of application: (yy) (mm) (dd)	

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

Appeal Unit	Unit Name		Recipient		Job Title	
	Telephone		Time of application receipt	__ (yy) __ (mm) __ (dd) <small> a.m. / p.m.</small> ____ : ____		

The above report has been read to or read by the appeal applicant, and verified accurate by the appeal applicant.

Signature or stamp of person recording:

Note	<p><b>* To be carefully read by the receiving person:</b></p> <ol style="list-style-type: none"> <li>1. Attorney in fact must attach letter of authorization.</li> <li>2. After this application form is completed, the Receiving Unit shall provide the applicant with one photocopy.</li> <li>3. In accordance with Article 14 of the Regulations on the Prevention of Sexual Assault, Sexual Harassment, and Sexual Bullying on Campus, the University or competent authority shall send written notification of the appeal outcome to the applicant within 20 days of receiving the appeal application. The University or competent authority shall transfer the investigation application or reported case to the Gender Equity Education Committee for handling if the appeal is justifiable.</li> <li>4. In accordance with the Regulations in the preceding paragraph, only one appeal is permitted for non-acceptance of application for investigation.</li> <li>5. The information pertaining to the parties involved in this appeal 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.</li> </ol>
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To Gender Equity Education Committee, Chang Jung Christian University  
 \_\_ (yy) \_\_ (mm) \_\_ (dd)