

# 長榮大學校園性侵害性騷擾或性霸凌事件

## 申請/申復委任書

茲委任受任人\_\_\_\_\_為 性侵害 性騷擾 性霸凌 事件之 申請 申復 代理人，就

委任人因受性騷擾或性侵害所提起之申請事件，有為一切申請/申復行為之權，並有（但無）撤回申訴之特別權限。爰依規定提出本委任書。

此致

長榮大學性別平等教育委員會

委任人：

身份證字號：

受任人：

身份證字號：

住居所：

聯絡電話：

中華民國

年

月

日

**Chang Jung Christian University Power of Attorney for Campus  
Sexual Assault, Sexual Harassment or Sexual Bullying Incident  
Investigation Application/Appeal**

To Gender Equity Education Committee, Chang Jung Christian University

I hereby appoint \_\_\_\_\_ as my attorney in fact for application of  
appeal

sexual assault

sexual harassment

sexual bullying incident, and authorize my attorney-in-fact to act on my behalf in all matters pertaining to the application/appeal of sexual harassment or sexual assault . The attorney-in-fact shall have (shall not have) the authority to withdraw application.

This Power of Attorney is submitted in accordance with regulations.

Appointor:

Personal ID Number:

Attorney-in-fact :

Personal ID Number:

Address of residence:

Telephone:

Date: \_\_ (yy) \_\_ (mm) \_\_ (dd)