**Kaohsiung Medical University Application Form for Investigation on Campus Sexual Assault, Sexual Harassment, and Sexual Bullying Classified material**

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| **type** | □ Sexual assault □ Sexual harassment □ Sexual bullying □ Other incidents related to gender equity No.: |
| **Applicant's information** | □ Victim | □ Complainant□ Legal representative | Please complete the following:Victim's name: Relationship with victim:  |
| Name |  | Gender | □ Male□ Female | Date of birth: MM/DD/YY | 　　Y　　M　　D (\_\_\_\_\_\_\_\_ years old) |
| ID card No. (or passport No.) |  | Unit where the applicant serves or is enrolled |  | Job title |  |
| Telephone number |  | E-mail |  |
| Residence (domicile) | 　　　　　Address: |
| **Facts of Application**Please fold and paste along the roulette. | Offender's name:(Inflicter) | 　　　 □ Unknown | Unit where the offender serves or is enrolled | □ Known─Unit name: Contact No.□ None□ Unknown |
| □ Once□ Never | On MM/DD/YY, ○Verbally ○Via phone ○Via fax ○Via email ○Other means , Submit the □ application for investigation □ report of the case □the legal action. Please fold and paste along the roulette. |
| Date & time of occurrence | 　　　MM/DD/YY　　□ AM □ PM　　　　: : |
| Where the incident occured |  |
| Process of incident |   |
| **Claim** | (The applicant's expectation and requirement) |
| **Related exhibits** | (Please identify the exhibits one by one, and attach them; not required, if no exhibits are submitted.) |
| **Signature or seal by the applicant or attorney:** | **Date of application: 　　MM/DD/YY** |
| **Remark** | 1. If an attorney is appointed, please submit the power of attorney.
2. Where the University or competent authority proves that the applicant makes a false accusation, it shall render punishment on the applicant pursuant to laws.
3. 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.
4. 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.
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**The following shall be completed by the unit receiving the application, instead of the applicant.**

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| **Receiving unit** | Unit name |  | Received by |  | Job title |  |
| Telephone number |  | Date & time when the complaint is received | 　　MM/DD/YY　　□ AM□ PM　　　　: : |
| **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:** |
| **Remarks** | **＊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.
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To:

Gender Equity Education Committee of Kaohsiung Medical University

 MM/DD/YY