

MCUT Investigation Application Form for Campus Sexual Assault or Harassment Incidents

Paper application Oral/Online application (Filler's signature : _____) Number : _____

Category : <input type="checkbox"/> Sexual assault <input type="checkbox"/> Verbal or Textual Sexual Harassment Incidents <input type="checkbox"/> Physical harassment incidents							
<input type="checkbox"/> Other : _____							
Identity : <input type="checkbox"/> Victim <input type="checkbox"/> Whistleblower <input type="checkbox"/> Legal agent							
If the applicant is a whistleblower or an agent, please fill in the victim's name : _____							
Relationship with the victim : _____							
Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (dd/mm/yy)	(age)		
Id no (passport no)		Phone Number		service or educational institution		Job title	
Address							
Victimizer name	<input type="checkbox"/> Unknown	Service or educational institution	<input type="checkbox"/> Yes — Company name : _____ <input type="checkbox"/> No <input type="checkbox"/> unknown				
<input type="checkbox"/> Never <input type="checkbox"/> YES(dd/mm/yy) _____ <input type="checkbox"/> Oral <input type="checkbox"/> Tel <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Other : _____ For _____ Submit <input type="checkbox"/> Survey <input type="checkbox"/> Report <input type="checkbox"/> Litigation							
Event Time (dd/mm/yy)	<input type="checkbox"/> AM <input type="checkbox"/> PM Hr Min						
Event Place							
Event process							
(Applicant's expectations and requirements for processing)							
(Please list the relevant evidence in the appendix and attach it)							
Applicant or appointed agent signature or seal:						Date of Application(dd/mm/yy)	
Recipient Institution			Recipients			Job title	
Tel	Receive time(dd/mm/yy)						
<input type="checkbox"/> AM <input type="checkbox"/> PM Hr Min							
The above records have been read aloud to the applicant or submitted for reading, and the applicant believes that they are correct.							
Signature or seal of recorder:							

Gender Equity Education Committee

Republic of China

DD

MM

YY

MCUT Letter of Appointment for Campus Sexual Assault or Sexual Harassment

Appoint an appointee_____For_____agent, Regarding the application filed by the appointer due to sexual assault or sexual harassment, he has the right to make all applications/appeals, and has (but does not have) the special authority to withdraw the appeal. Submit this letter of appointment in accordance with the regulations ◦

Gender Equity Education Committee

Appointor :

ID number :

Appointee :

ID number :

Address :

Telephone :

Republic of China

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MM

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