**National Taiwan Normal University**

**Application for Investigation of Campus Gender Incidents**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | File No. | | |  | | | Copy Serial No. |  |
| **Applicant** | □Victim | | □Complainant  □Legal Representative | | | | | Please provide the following information:  Name of the Victim：  Relationship to the Victim： | | |
| Name |  | Date of Birth  (YYYY/MM/DD) | | |  | | | Gender |  |
| Department/ Employer |  | Title | | |  | | | Student ID No./  Citizen ID No. |  |
| TEL. |  | Cell Phone No. | | |  | | | | |
| E-Mail |  | | | | | | | | |
| Mailing Address |  | | | | | | | | |
| Identity | General student  Student with a disability certificate or valid identification for special education, Category: [Please specify] | | | | | | | | |
| **Alleged Perpetrator** | Name |  | Date of Birth  (YYYY/MM/DD) | | |  | | | Gender |  |
| Department/Employer |  | Title | | |  | | | Student ID No./  Citizen ID No. |  |
| TEL. |  | Cell Phone No. | | |  | | | | |
| E-Mail |  | | | | | | | | |
| Mailing Address |  | | | | | | | | |
| Identity | General student  Student with a disability certificate or valid identification for special education, Category: [Please specify] | | | | | | | | |
| **Type** |  Sexual Harassment  Sexual Assault  Sexual Bullying  Unethical professional conduct related to sex or gender | | | | | | | | | |
| **Time of Alleged Incident** | \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_\_  (YYYY/MM/DD/HH/MM) | | | **Location of Alleged Incident** | | |  | | | |
| **Description of Incident** | . | | | | | | | | | |
| **Evidence** |  | | | | | | | | | |
| **Request** | (Expectations and Requests of Applicant Regarding Processing of Investigation) | | | | | | | | | |
| Applicant/Representative: (Signature) | | | | | Application Date: (YYYY/MM/DD) | | | | | |

**--------------- Information about Receipt of the Application (For Official Use Only)--------------------**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Receiving Office** | Unit |  | Staff |  |
| Contact No. |  | Date & Time of Receiving | \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (YYYY/MM/DD)  □A.M.  □P.M. \_\_\_\_\_\_\_ :\_\_\_\_\_\_\_ (HH/MM) |