**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) |