**Application of a Sexual Assault, Sexual Harassment, or Sexual Bullying Event on Campus of the National Chi Nan University**

(If there is any statutory agent or trustee, please complete the Data Sheet of the Statutory Agent or the Data Sheet of the Trustee on the back side of this sheet.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | □ Sexual assault event □ Sexual harassment event □ Sexual bullying event □ Other events (Applicant shall tick the appropriate box.) | | | | | | | | | | | |
| **Applicant Data** | □ Victim | | | | □Prosecutor Please fill in the  □Statutory agent Name of the victim:  Relationship to the victim: | | | | | | | |
| Name (code) |  | Gender | | |  | Date of birth | | MM/DD/YY (years old) | | |
| Uniform  ID card number (or passport number) |  | Contact number | | |  | Service unit or school attended by the victim | |  | Title or rank |  |
| Residence |  | | | | | | | | | |
| Application date | MM/DD/YY | | | | | | | | | |
| Factual Content of the Application | Name of offender | □Code □Unknown | | Service unit or school attended by the victim | | | | Known- Name of unit: Contact number:  No  Unknown | | | |
| Time of event | HH/MM MM/DD/YY | | | | | | | | | |
| Place of event |  | | | | | | | | | |
| Details of the event |  | | | | | | | | | |
| Relevant Evidence | Attachment 1:  Attachment 2:  (Please leave blank if none are applicable.) | | | | | | | | | | | |
| **Applicant** (Signature or stamp of the statutory agent or trustee: Application date: MM/DD/YY | | | | | | | | | | | | |
| The above record was read out loud to the applicant or was read by the applicant. The applicant has no dispute over the record. **Signature of recorder:**  Signature or stamp of notekeeper: | | | | | | | | | | | | |

----------------------Abstract of the disposal situation (Applicant does not need to complete the below table. It shall be completed by the unit receiving the complaint.) ----------------

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Receiving Unit | Unit Name |  | Received by |  | Title |  |
| Contact number |  | Time of receiving the complaint | HH/MM MM/DD/YY | | |
| Abstract of Disposal Process and Opinions of  First Trial |  | | | | | |

Data Sheet of the Statutory Agent (Leave blank if there is no statutory agent.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Information of the Statutory Agent | Name |  | Gender | □Male □Female | Date of Birth | MM/DD/YY (years old) |
| Uniform  ID card number (or passport number) |  | | | Contact number |  |
| Residence |  | | | | |
| Occupation | □ Student □ Service industry □Specialized occupation □Agriculture, forestry, fishery, or husbandry □ Industrial and mining industry □Business □ Government servant, teacher, military, or police □Housekeeping □Retired □None □Other □Unknown | | | | |

Data Sheet of the Trustee (Leave blank if there is no trustee.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Information of the Trustee | Name |  | Gender |  | Date of birth | MM/DD/YY (years old) |
| Uniform  ID card number (or passport number) |  | | | Contact number |  |
| Residence |  | | | | |
| Occupation | □ Student □ Service industry □Specialized occupation □Agriculture, forestry, fishery, or husbandry □ Industrial and mining industry □Business □ Government servant, teacher, military, or police □Housekeeping □Retired □None □Other □Unknown | | | | |
| \* A Letter of Appointment shall be attached. | | | | | |