**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. |