**臺北醫學大學校園性別平等事件申請/檢舉調查書**

**Taipei Medical University Application Form for Investigation on Campus Sexual Assault, Sexual Harassment, and Sexual Bullying**

**密件Classified**

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| **Type類別** | □疑似性侵害事件Sexual assault □疑似性騷擾事件Sexual harassment □疑似性霸凌事件Sexual bullying □其他屬性平法事件Other incidents related to gender equity  |
| **Applicant's information****申請人或檢舉人資料** | □被害人提出申請Victim | 被害人姓名Victim's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□檢舉人提出檢舉Complainant與被害人之關係Relationship with victim：\_\_\_\_\_\_\_\_\_\_\_\_□法定代理人提出申請Legal representative與被害人之關係Relationship with victim：\_\_\_\_\_\_\_\_\_\_\_\_  |
| 姓名Name |  | 性別Gender | □男Male□女Female | 出生年月日Date of Birth MM/DD/YY |  年　　月　　日（　　歲）　Y　　M　　D (\_\_\_\_\_years old) |
| 身分證統一編號（或護照號碼）ID card No. (or passport No.) |  | 服務單位Employment or School Department |  | 職稱Title |  |
| 聯絡電話Telephone number |  | E-mail |  |
| 住（居）所Residence (domicile) | 地址 Address: |
| **Facts of Application****事實內容** | 疑似行為人Offender | □姓名Name:：\_\_\_\_\_\_\_\_\_\_\_\_　　　 □不詳Unknown | 疑似行為人服務或就學學校Unit where the offender serves or is enrolled | □知悉─名稱Known─Unit name：\_\_\_\_\_\_\_\_\_\_ 聯絡電話Contact No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□無None□不詳Unknown |
| □曾於Once□不曾Never | 年 月 日以□口頭□電話□傳真□電子郵件□其他方式，向 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_提出□調查 □警政報案 □訴訟 □陳情On MM/DD/YY, □Verbally □Via phone □Via fax □Via email □Other means , Submit the □application for investigation □ report of the case □the legal action.  |
| 事件發生時間Date & time of occurrence | 　　　　年　　　月　　　日　　□上午□下午　　　　時　　　　分MM/DD/YY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ AM □ PM　　　: : |
| 事件發生地點Where the incident occurred |  |
| 事件發生過程Process of incident |  |
| **Claim****請求事項** | 對事件處理之期待與要求 The applicant's expectation and requirement |
| **Related exhibits****相關證據** | 請條列附件，並檢附之；無者免填Please identify the exhibits one by one, and attach them; not required, if no exhibits are submitted. |
| **提出時間：　　年　　月　　日 □上午 □下午　　　　時　　　　分****Date of application: 　　MM/DD/YY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ AM □ PM　　　:**  |
| **以上紀錄經由申請人或檢舉人確認無誤。Said record has been confirmed by the applicant.****申請人/委任代理人/檢舉人簽名或蓋章：****Signature or seal by the applicant or attorney:** |
| **Remarks****備註** | 1. 委任代理人須檢附委任書。

If an attorney is appointed, please submit the power of attorney.1. 學校或主管機關應於接獲申請調查或檢舉調查時，應於三日內將該事件交由所設之性別平等教育委員會調查處理，於二十日內，以書面通知申請人或檢舉人是否受理。不受理之書面通知應敘明理由，並告知申請人或檢舉人申復之期限及受理單位。

The University or competent authority shall refer the case to the Committee within three days upon receipt of the application for investigation or complaint, and notify the applicant or complainant in writing about whether the application or complaint is accepted within 20 days. 1. 申請人或檢舉人於前項之期限內未收到通知或接獲不受理通知之次日起二十日內，得以書面具明理由，向學校或主管機關提出申復。

The applicant or complainant shall propose the reapplication in written reasons to the University or competent authority within 20 days after the day he/she does not receive the notice within the above-mentioned period or receives the notice of not accepting the application.1. 學校或主管機關性別平等教育委員會應於受理申請或檢舉後二個月內完成調查。必要時，得延長之，延長以二次為限，每次不得逾一個月，並應通知申請人、檢舉人及行為人。

The Gender Equity Education Committee of the University or competent authority shall complete its investigation of a case within two months from the date the application or offense report is accepted. The investigation may be extended at most twice ifnecessary, and each extension may not exceed one-month’s time. The applicant, offense-reporter and offender shall be notified of the extension. |
| 1. 在處理程序中，當事人、學校/原處分機關或其他關係人，就本事件或其相牽連之事項，提出民事訴訟、刑事訴訟或行政訴訟者，應即通知學校/原處分機關性別平等教育委員會。

During the processing period, the party, the University/the original competent authority or other interested party should notify the Gender Equity Committee of the University/the original competent authority if he/she initiates a civil, criminal or administrative action involving in the case itself or the involved matters. |

**----------------處理情形摘要（以下申請人免填，由受理單位填寫）------------------**

**The following shall be completed by the unit receiving the application, instead of the applicant.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Receiving unit****受理單位** | 性平會承辦人Committee Officer |  | 性平會執行秘書Executive Secretary of Committee |  | 性平會主任委員Chairperson of Committee |  |
| 接獲申請或檢舉調查時間Date & time when the complaint is received | 年　　月　　日　□上午□下午　　時　　分 MM/DD/YY □AM □PM 　: : |
| **紀錄人簽章Signature or seal by the record taker:** |
| **Remarks****備註** | **＊收件人員須熟讀事項The personnel receiving the application shall read the Remarks carefully.**1. 本申請書填寫完畢後，「收件單位」應影印1份申請書交予申請人留存。

The "receiving unit" shall produce one copy of the application form and deliver the same to the application for record, after the application form is completed.1. 本申請書所載當事人相關資料，除有調查之必要或基於公共安全之考量者外，應予保密；負保密義務者洩密時，應依刑法或其他相關法規處罰。

The victim's information referred to in the application form shall be kept confidential, except for investigative reasons or public safety concerns. If any person who is obligated to keep confidential discloses the same, he/she shall be punished under Criminal Code or other related laws & regulations.1. 學校或主管機關於接獲申請調查或檢舉時，應於3日內將「申請或檢舉事件」交由事件管轄學校所設之性別平等教育委員會調查處理，於20日內，以書面通知申請人或檢舉人是否受理。不受理之書面通知應敘明理由，並告知申請人或檢舉人申復之期限及受理單位。

The University or competent authority shall refer the case to the gender equity education committee established by the University or authority within 3 days upon receipt of the application for investigation or complaint. The University or competent authority shall notify the applicant or complainant in writing about whether the application or complaint is accepted within 20 days upon receipt of the same. The written notice of rejection shall specify the reasons, and advise the applicant or the complainant of the deadline for a reapplication and the office that is responsible for accepting the reapplication. |