# National Taiwan Normal University
# Faculty and Staff Sexual Harassment (Gender Discrimination) Case Report

(If applicable, please fill in the Authorized Agent Profile on the back) Case No.:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Victim Profile** | Name | | Gender | □M □F | Date of Birth | (YYYY/MM/DD/age) | | |
| | National ID (Passport) No. | | Contact No. | | Department | | Position | |
| | Residential Address | – F, No. – , Ln. , Aly. , Sec. , Rd., Vil. City/County | | | | | | |
| | Notes | | | | | | | |
| **Facts of Incident** | Name of Respondent | | Respondent's Department | Unit:<br>Position:<br>Office No.:<br>Cell No.:<br>Email: | | | | |
| | Time | (YYYY/MM/DD/HH/mm) | | | | | | |
| | Location | | | | | | | |
| | Details | (Please attach a separate sheet if content exceeds this space) | | | | | | |
| **Evidence** | Attachment 1:<br>Attachment 2:<br>(Leave blank if N/A) | | | | | | | |

**Signature/Seal of Victim (or agent): Date: ( YYYY/MM/DD)**

**□ This case was submitted in person, read aloud/handed to, and confirmed by the victim.**
**□ This case was filed by phone, read aloud, and confirmed by the victim, who was notified that a written report is required no later than 14 days for further processing.**
**□ Other:**

**Signature/Seal of Victim:**

---------- **Follow-up Procedures** **(to be completed by receiving unit)** ----------

| | | | | | | |
|---|---|---|---|---|---|---|
| **Initial Receiving Unit** | Name | | Case Officer | | Position | |
| | Contact No. | | Time and Manner of Complaint | (YYYY/MM/DD/HH/mm)<br>□ In person □ By phone<br>□ In writing (including e-mail)<br>□Major sexual harassment case reported by NTNU | | |
| **Summary** | □ Incomplete information; victim has been notified to supplement in writing within 14 days<br>□ Resubmission | | | | | |

## Authorized Agent's Information (Leave blank if N/A)

| | | | | | | |
|---|---|---|---|---|---|---|
| **Information** | Name | | Gender | □M □F | Date of Birth | (YYYY/MM/DD/age) |
| | National ID (Passport) No. | | | | Contact No. | |
| | Residential Address | – F, No. – , Ln. , Aly. , Sec. , Rd., Vil. City/County | | | | |
| | Occupation | □Student □Service Industry □Professional □Agricultural/Forestry/Fishing/Farming □Mining □Business □Civil Servant/Military/Police □Homemaker □Retired □Unemployed □Other: □Unspecified | | | | |
| | **Relationship with principal:** | | | | *** Letter of authorization must be attached** | |