

性騷擾事件申訴書 Sexual Harassment Complaint Form

(有法定代理人、受任人者，請另填背面法定代理人、受任人資料表)
(If you are filing a complaint on behalf of the victim, complete the form on the opposite side.)

被害人資料 Victim's Information	姓名 Name		性別 Sex	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female	出生年月日 Birth Date	_____年Year _____月Month _____日Day (歲age)	
	身分證統一編號 (或護照號碼) ID Card Number (or Passport No)		電話 Phone No		服務或就學單位 Employed by or School Attended	職稱 Title	
	住(居)所 Home Address						
	教育程度 Level of Education	<input type="checkbox"/> 學齡前Preschool <input type="checkbox"/> 國小Primary <input type="checkbox"/> 國中Junior High <input type="checkbox"/> 高中(職)Senior High (Vocational) <input type="checkbox"/> 專科Junior College <input type="checkbox"/> 大學College <input type="checkbox"/> 研究所以上Graduate School or Above <input type="checkbox"/> 不識字Illiterate <input type="checkbox"/> 自修Self-Educated <input type="checkbox"/> 不詳Unknown					
	職業 Occupation	<input type="checkbox"/> 學生Student <input type="checkbox"/> 服務業Service Industry <input type="checkbox"/> 專門職業Specialist <input type="checkbox"/> 農林漁牧Farming/ Fishing <input type="checkbox"/> 工礦業Manufacturing and Mining <input type="checkbox"/> 商業Business <input type="checkbox"/> 公教軍警Civil Service <input type="checkbox"/> 家庭管理Housekeeper <input type="checkbox"/> 退休Retired <input type="checkbox"/> 無工作Unemployed <input type="checkbox"/> 其他Other <input type="checkbox"/> 不詳Unknown					
申訴事實 內容 State Incident	加害人姓名 Perpetrator	<input type="checkbox"/> 不詳Unknown	加害人服務或 就學單位 Employed by or School Attended	<input type="checkbox"/> _____職稱Title : _____ <input type="checkbox"/> 無N/A <input type="checkbox"/> 不詳Unknown	電話Tel : _____		
	事件發生時間 Time Incident Took Place	_____年Year _____月Month _____日Day			<input type="checkbox"/> 上午a.m. _____時Hour _____分Minute <input type="checkbox"/> 下午p.m.		
	事件發生地點 Location Incident Took Place						
	事件發生過程 Description						
相關證據 Evidence	附件Attachment 1 : 附件Attachment 2 : (無者免填If Applicable)						
被害人(法定代理人或受任人)簽名或蓋章: Signature of Victim (Legal Representative or Authorized Person):					申訴日期: _____年 _____月 _____日 Date Complaint Filed:		

-----處理情形摘要(以下申訴人免填,由接獲申訴單位自填)-----
----- Description of Handling of Complaint (Person filing complaint leaves the following blank; to be completed by Organization accepting complaint) -----

初次接獲單位 Organization with Which Complaint was First Lodged	單位名稱 Name	接案人員 Person Accepting Complaint		職稱 Title			
	聯絡電話 Phone Number	接獲申訴時間 Time Complaint was Accepted	年 Year	月 Month	日 Day	<input type="checkbox"/> 上午 a.m. <input type="checkbox"/> 下午 p.m.	時 Hour
處理或移送 流程摘要 Procedure for Handling or Transferring the Complaint	<input type="checkbox"/> 1. 本單位即為加害人所屬機關、部隊、學校、機構或僱用人,如有資料不齊者,請申訴人於14日內補正資料,否則不予受理。 Organization/Team/School/Agency/Employer is the one to which Perpetrator belongs. Person filing a complaint shall submit the documentation required within 14 days or his/her complaint will not be processed. <input type="checkbox"/> 2. 本單位為警察機關,已就性騷擾申訴事件詳予記錄。處理情形如下: Organization is a police unit. It has entered the complaint in its records. Description of Handling of Complaint: <input type="checkbox"/> 2-1 因已知悉加害人有所屬機關、部隊、學校、機構、僱用人,將即移請其所屬機關、部隊、學校、機構或僱用人續為調查,並副知該管直轄市、縣(市)主管機關及申訴人。 Organization/Team/School/Agency/Employer to which Perpetrator belongs is known. The Organization/Team/School/Agency/Employer is requested to investigate the complaint, with the local county (city) supervisory authority and the person filing the complaint notified. <input type="checkbox"/> 2-2 因加害人不明,將即行調查。Perpetrator is unknown. An investigation is to be launched immediately. <input type="checkbox"/> 2-3 因不知加害人有所屬機關、部隊、學校、機構或僱用人,將即行調查。 Whether Perpetrator belongs to any Organization/Team/School/Agency/Employer is unknown. An investigation is to be launched immediately. <input type="checkbox"/> 3. 本單位為直轄市、縣(市)主管機關Organization is the local county (city) supervisory authority : <input type="checkbox"/> 3-1. 如加害人有所屬機關、部隊、學校、機構或僱用人者:直轄市、縣(市)主管機關於7日內將上開資料移請加害人所屬機關、部隊、學校、機構或僱用人處理,跨轄者並副知該地直轄市、縣(市)主管機關。 It is known that Perpetrator belongs to an Organization/Team/School/Agency/Employer: The county(city) supervisory authority relays the above information to Organization to which Perpetrator belongs for processing within 7 days. If a different jurisdiction is involved, its supervisory authority will be notified. <input type="checkbox"/> 3-2. 加害人不明或不知有所屬機關、部隊、學校、機構或僱用人者:直轄市、縣(市)主管機關於7日內將上開資料移請事件發生地警察機關處理。 Perpetrator or whether s/he belongs to an Organization/Team/School/Agency/Employer is unknown: Supervisory authority relays the above information to the police unit with jurisdiction for processing within 7 days. <input type="checkbox"/> 4. 本單位非以上單位,將於7日內將本申訴書及相關資料移送本地直轄市、縣(市)主管機關處理 Organization is none of the above. The complaint and relevant information will be forwarded to local county(city) supervisory authority for processing within 7 days.						

備註Remarks:

- 本申訴書填寫完畢後,「初次接獲單位」應影印一份予申訴人留存。
After the Form is completed, "Organization with which Complaint was First Lodged" shall make a photocopy and give it to the person filing a complaint.
- 提出申訴書者,將標題之「紀錄」二字及「紀錄人簽名或蓋章」欄刪除。
Person filing a complaint crosses out the title "Record" and "Signature or Seal of Person Making a Record".
- 機關、部隊、學校、機構或僱用人,應於申訴或移送到達之日起七日內開始調查,並應於二個月內調查完成;必要時,得延長一個月,並應通知當事人。
Organization to which Perpetrator belongs shall start investigating within 7 days following receipt of a complaint and finish investigating within 2 months. It will be given an additional month if necessary with the interested parties notified.
- 本申訴書(紀錄)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。
Except for investigation purposes or for public safety reasons, interested parties' information in the Form (Record) shall be kept confidential.

(背面) 法定代理人資料表 (無者免填)
 (Back) Legal Representative Information (If Applicable)

法定代理人資料 Legal Representative Information	姓名 Name		性別 Sex	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female	出生年月日 Birth Date	_____年Year_____月Month_____日Day _____ (歲age)
	身分證統一編號 (或護照號碼) ID Card Number (or Passport No)				聯絡電話 Phone No	
	住(居)所 Home Address					
	職業 Occupation	<input type="checkbox"/> 學生Student <input type="checkbox"/> 服務業Service Industry <input type="checkbox"/> 專門職業Specialist <input type="checkbox"/> 農林漁牧Farming/ Fishing <input type="checkbox"/> 工礦業Manufacturing and Mining <input type="checkbox"/> 商業Business <input type="checkbox"/> 公教軍警Civil Service <input type="checkbox"/> 家庭管理Housekeeper <input type="checkbox"/> 退休Retired <input type="checkbox"/> 無工作Unemployed <input type="checkbox"/> 其他Other : _____ <input type="checkbox"/> 不詳Unknown				

受任人資料表 (無者免填)
 Authorized Person Information (If Applicable)

受任人資料 Authorized Person Information	姓名 Name		性別 Sex	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female	出生年月日 Birth Date	_____年Year_____月Month_____日Day _____ (歲age)
	身分證統一編號 (或護照號碼) ID Card Number (or Passport No)				聯絡電話 Phone No	
	住(居)所 Home Address					
	職業 Occupation	<input type="checkbox"/> 學生Student <input type="checkbox"/> 服務業Service Industry <input type="checkbox"/> 專門職業Specialist <input type="checkbox"/> 農林漁牧Farming/ Fishing <input type="checkbox"/> 工礦業Manufacturing and Mining <input type="checkbox"/> 商業Business <input type="checkbox"/> 公教軍警Civil Service <input type="checkbox"/> 家庭管理Housekeeper <input type="checkbox"/> 退休Retired <input type="checkbox"/> 無工作Unemployed <input type="checkbox"/> 其他Other : _____ <input type="checkbox"/> 不詳Unknown				
	* 檢附委任書 Attach Letter of Authorization					