

The University of Macau
Guidelines for Handling Sexual Harassment and Sexual Bullying Cases

Document code:	Appendix 1 of RTO.04/201509/001.r03
Approval date:	25 April 2018
Effective date:	4 May 2018
Supersedes:	RTO.04/201509/001.r02

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Confidential

Investigation Application Form
For Sexual Harassment or Sexual Bullying Cases

Information of the Complainant

(*Mr./Mrs./Ms.) Name: _____ (Chinese) _____ (English)

*ID/Passport Number: _____ Date of Birth: _____

(DD/MM/YYYY)

*Occupation: UM Student/UM Staff/Others (specify) _____

Faculty/Unit: _____ *Student/Staff Card Number: _____

Contact Number: _____ Email Address: _____

Contact Address: _____

Email Address: _____

Information of the Representative of the Complainant (if any)

(*Mr./Mrs./Ms.) Name: _____ (Chinese) _____ (English)

Relationship with the Complainant: _____ Date of Birth: _____ (DD/MM/YYYY)

*ID/Passport Number: _____ Occupation: _____

Contact Number: _____ Email Address: _____

Contact Address: _____

I agree that the person mentioned here will serve as my representative regarding my complaint.

Signature of the Complainant: _____

I agree to be the representative of the Complainant:

Signature of the Representative: _____

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Third Party Informant

(*Mr./Mrs./Ms.) Name: _____ (Chinese) _____ (English)

Relationship with the Complainant: _____ Date of Birth: _____ (DD/MM/YYYY)

*ID/Passport Number: _____

*Occupation: UM Student/UM Staff/Others (specify) _____

Faculty/Unit: _____ *Student/Staff Card Number: _____

Contact Number: _____ Email Address: _____

Contact Address: _____

Complaint Details

*Basis of Complaint: Sexual Harassment/Sexual Bullying/Others (specify) _____

(*Mr./Mrs./Ms.)Name of Alleged Perpetrator: _____ (Chinese) _____ (English)

*Occupation: UM Student/UM Staff/Others (specify) _____ Faculty/Unit: _____

Date and Time of the Incident: _____ (DD/MM/YYYY) *AM/PM _____ (HH/MM/SS)

Location of the Incident: _____

Description of the Incident: _____

(If the space is insufficient, please use separate sheets for details or explanations.)

Physical Evidence:

Yes (specify and attach: _____)

No

Witness:

Yes (provide information as the following)

No

(*Mr./Mrs./Ms.) Name: _____ (Chinese) _____ (English)

Relationship with the Complainant: _____ Contact Number: _____

Contact/Email Address: _____

Attach information of other _____ witness(es)

*Please strike out the inappropriate one.

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Suggestion Requested by the *Complainant/Representative of the Complainant:

The information provided in this complaint application form is true and correct.

*Signature of the Complainant/Representative

Date (DD/MM/YYYY)

of the Complainant/Third Party Informant

Notes: All information provided in this complaint will be kept confidential except for the purpose of investigation or concern for public safety. Information of this complaint is subject to revision by Complainant/Representative of the Complainant/Third-party Informer. The Committee on Gender Equity (CGE) is authorized to transfer the information provided to the investigation panel. The original copy of this complaint and other supporting will be handled by the CGE and will not return to the Complainant in general terms.

Authorized Office Use Only

Name of Recipient: _____ Position: _____ Faculty/Unit: _____

Complaint Received on: _____ (DD/MM/YYYY) *AM/PM _____ (HH/MM/SS)

*Please strike out the inappropriate one.

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密件

性騷擾或性霸凌事件調查申請書

投訴人資料

(*先生/女士) 姓名：_____ (中文) _____ (英文)

*身份證/護照號碼：_____ 出生日期：_____年_____月_____日

*職業：澳大學生/澳大職員/其他 (請列明) _____

所屬學院/單位：_____ *學生/員工證號碼：_____

聯絡電話：_____ 電郵地址：_____

通訊地址：_____

投訴代理人資料 (如有)

(*先生/女士) 姓名：_____ (中文) _____ (英文)

與投訴人的關係：_____ 出生日期：_____年_____月_____日

*身份證/護照號碼：_____ 職業：_____

聯絡電話：_____ 電郵地址：_____

通訊地址：_____

本人謹此同意上述人士為投訴代理人，協助本人處理本人的投訴。

投訴人簽署：_____

本人同意擔任投訴人的投訴代理人。

投訴代理人簽署：_____

*請刪去不適用者

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由第三方作為舉報人

(*先生/女士) 姓名：_____ (中文) _____ (英文)

與投訴人的關係：_____ 出生日期：_____年_____月_____日

*身份證/護照號碼：_____

*職業：澳大學生/澳大職員/其他 (請列明) _____

所屬學院/單位：_____ *學生/員工證號碼：_____

聯絡電話：_____ 電郵地址：_____

通訊地址：_____

投訴事實內容

*類別：疑似性騷擾/性霸凌事件/其他 (請列明) _____

(*先生/女士) 行為人姓名：_____ (中文) _____ (英文)

*職業：澳大學生/澳大職員/其他 (請列明) _____ 所屬學院/單位：_____

事件發生時間：_____年_____月_____日 *上午/下午 _____時_____分

事件發生地點：_____

事件發生過程：_____

(如不敷應用，請用另紙填寫。)

相關物證：

有 (如有，請列明並附上：_____)

沒有

相關證人：

有 (請提供證人資料)

沒有

(*先生/女士) 姓名：_____ (中文) _____ (英文)

與投訴人的關係：_____ 聯絡電話：_____

通訊地址：_____

另附其他_____個證人資料

*請刪去不適用者

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*投訴人/投訴代理人有以下要求：

*投訴人/投訴代理人確認在本投訴表格內填寫的資料皆屬正確無誤。

*投訴人/投訴代理人/第三方簽署

日期

註：本申請書所載當事人相關資料，除有調查必要或基於公共安全之考慮外，應予保密。資料當事人有權要求取得及更改作出此投訴時所遞交的個人資料。為達上述目的，委員會或會把所提供的個人資料轉交予委員會所委任的調查人士。本表格正本及投訴人提交的資料會由委員會全權處置，一般而言不會交回投訴人。

收件單位確認（由校方人員填寫）

收件人姓名：_____ 職稱：_____ 所屬學院/單位：_____

接獲投訴時間：_____年_____月_____日 *上午/下午 _____時_____分

*請刪去不適用者