

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

Document code:	Appendix 1 of RTO.04/201509/001.r05
Approval date:	25 August 2021
Effective date:	28 August 2021
Supersedes:	RTO.04/201509/001.r04

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Confidential

Investigation Application Form
For Sexual Harassment or Sexual Bullying Cases

Information of the Complainant

Name: _____ (Chinese) _____ (English)
Gender: _____ Date of Birth: _____ (DD/MM/YYYY)
☐ ID ☐ Passport _____ (Number)
☐ Student ☐ Staff _____ (Number) ☐ Others (specify) _____
Relationship with Victim (if complainant is a 3rd party) _____
Faculty/Unit: _____
Contact Number: _____ Email Address: _____
Contact Address: _____

Complaint Details

Category: ☐ Sexual Harassment ☐ Sexual Bullying or other behaviours violating gender equity
Name of accused: _____ (Chinese) _____ (English)
☐ Student ☐ Staff Gender: _____ Faculty/Unit: _____
Date and Time of the Incident: _____ (DD/MM/YYYY) ☐ AM ☐ PM _____ (HH/MM)
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
Name: _____ (Chinese) _____ (English) Gender: _____
☐ UM Student ☐ UM Staff ☐ Others (specify) _____

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Relationship with the Complainant: _____ Contact Number: _____

Contact/Email Address: _____

☐ Attach information of other _____ witness(es)

Expected Outcome of the Complainant:

The information provided in this complaint application form is true.

Complainant

Date (DD/MM/YYYY)

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. The Committee on Gender Equity (CGE) is authorized to transfer the information provided to the investigation panel appointed by the CGE. 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.

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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

姓名：_____（中文）_____（英文）

性別：_____ 出生日期：_____年_____月_____日

☐身份證 ☐護照 _____（編號）

☐學生 ☐職員 _____（編號） ☐其他（請列明）_____

與被害人關係(如投訴人為第三者身份)_____

所屬學院/單位：_____

聯絡電話：_____ 電郵地址：_____

通訊地址：_____

投訴事實內容

類別： ☐性騷擾 ☐性霸凌或其他違反性別平等的行為

被投訴人姓名：_____（中文）_____（英文）

☐學生 ☐職員 性別：_____ 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。）

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相關物證：

☐ 有（請列明並附上：_____） ☐ 沒有

相關證人：

☐ 有（請提供證人以下資料） ☐ 沒有

姓名：_____（中文）_____（英文）性別：_____

☐ 澳大學生 ☐ 澳大職員 ☐ 其他（請列明）_____

與投訴人的關係：_____ 聯絡電話：_____

通訊地址/電郵：_____

☐ 另附其他_____個證人資料

投訴人的預期結果：

投訴人確認在本投訴表格內填寫的資料全部屬實。

投訴人

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。投訴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。