

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

Document code:	Appendix 1 of RTO.04/201509/001.r06
Approval date:	30 November 2023
Effective date:	5 December 2023
Supersedes:	RTO.04/201509/001.r05

Page 1 of 4

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 _____ (Number)

Staff _____ (Number)

Others (specify) _____

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

The University of Macau

Guidelines for Handling Sexual Harassment and Sexual Bullying Cases

Document code:	Appendix 1 of RTO.04/201509/001.r06
Approval date:	30 November 2023
Effective date:	5 December 2023
Supersedes:	RTO.04/201509/001.r05

Page 2 of 4

Witness:

Yes (please provide the following information) No

Name: _____ (Chinese) _____ (English) Gender: _____

UM Student UM Staff Others (specify) _____

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 (Signature)

Date (DD/MM/YYYY)

Note: 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.

The University of Macau

Guidelines for Handling Sexual Harassment and Sexual Bullying Cases

Document code:	Appendix 1 of RTO.04/201509/001.r06
Approval date:	30 November 2023
Effective date:	5 December 2023
Supersedes:	RTO.04/201509/001.r05

Page 3 of 4

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 _____（編號）

職員 _____（編號）

其他（請列明）_____

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。）

The University of Macau

Guidelines for Handling Sexual Harassment and Sexual Bullying Cases

Document code:	Appendix 1 of RTO.04/201509/001.r06
Approval date:	30 November 2023
Effective date:	5 December 2023
Supersedes:	RTO.04/201509/001.r05

Page 4 of 4

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（簽署）

日期 (DD/MM/YYYY)

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。