



Phone : 03-5742626(x 42626)

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No:

Form for NTHU GENCOM Incident

Time : ____ (y) ____ (m) ____ (d) ____ (h) ____ (m)

Report By	Department			Aware Time	(y)	(m)	(d)	(h)	(m)
	Name		Position		Phone				
Victim	Name		Gender		Birthdate	(y)	(m)	(d)	(yrs)
	Student ID/ ID Number		Phone		Special Education Status	<input type="checkbox"/> Ordinary <input type="checkbox"/> SE Certificate Category: _____			
	Address				School/Dep.				
	Email				Position				
Offender	Name	<input type="checkbox"/> Unknown	Gender		Birthdate	(y)	(m)	(d)	(yrs)
	Student ID/ ID Number		Phone		Special Education Status	<input type="checkbox"/> Ordinary <input type="checkbox"/> SE Certificate Category: _____			
	Address				School/Dep.				
	Email				Position				
Relationships	Number of Offender(s) : <input type="checkbox"/> One <input type="checkbox"/> More than one Relationship (based on offender) : <input type="checkbox"/> Teacher-student <input type="checkbox"/> Colleague <input type="checkbox"/> Supervisor / Subordinate <input type="checkbox"/> Classmate <input type="checkbox"/> Family Friend <input type="checkbox"/> boy/girlfriend <input type="checkbox"/> ex-boy/girl friend <input type="checkbox"/> friend <input type="checkbox"/> Cyber friend <input type="checkbox"/> Customers <input type="checkbox"/> Neighbors <input type="checkbox"/> Others _____ <input type="checkbox"/> Do not know , Describe characteristics (e.g., body shape, skin color, accent, dress) _____								
Incident	1. Time (Recent one): ____ (y) ____ (m) ____ (d) ____ (h) ____ (m) 2. Location: <input type="checkbox"/> NTHU Campus _____ <input type="checkbox"/> Outside _____ <input type="checkbox"/> Social Media _____ 3. Type: <input type="checkbox"/> Sexual assault <input type="checkbox"/> Public indecency <input type="checkbox"/> Sexual discrimination, please describe _____ <input type="checkbox"/> Verbal Sexual harassment, please describe _____ <input type="checkbox"/> Physical Sexual harassment, please describe _____ <input type="checkbox"/> Unwelcome pursuit <input type="checkbox"/> Harassment after breaking up <input type="checkbox"/> Others, please describe _____ 4. Supplement : _____								
Assistance	<input type="checkbox"/> No Needed <input type="checkbox"/> Yes , Please describe _____								
Handling Status	<input type="checkbox"/> Filed at ____ year ____ m ____ d (Date: ____ : ____ ; Case No: _____) <input type="checkbox"/> Filed at ____ year ____ m ____ d to MOE <input type="checkbox"/> Assisted at ____ year ____ m ____ d Victim(_____) /Offender(_____) Via : <input type="checkbox"/> Consulting Center <input type="checkbox"/> Inform Guardian (Name _____) <input type="checkbox"/> To other school (_____) <input type="checkbox"/> Others _____ <input type="checkbox"/> Details _____								
Notes	Two copies are needed, one for GENCOM, one for reporter								