Academia Sinica Employees Sexual Harassment Complaint Form

<table>
<tr><td rowspan="5">Incident Summary</td><td>Complainant</td><td></td><td>Gender</td><td>☐Male ☐Female</td></tr>
<tr><td>Employment Unit</td><td></td><td>Title</td><td></td></tr>
<tr><td>Complaint Filed on</td><td>mm/dd/yyyy</td><td>Phone Number</td><td></td></tr>
<tr><td>Incident Date</td><td>☐ a.m. ☐ p.m.
Time:_____
mm/dd/yyyy</td><td>Incident Location</td><td></td></tr>
<tr><td>Incident Description</td><td colspan="3"></td></tr>
<tr><td colspan="2">Complainant Signature or Seal</td><td colspan="3">mm/dd/yyyy</td></tr>
<tr><td>Complaint Reception Unit</td><td>Processing Staff</td><td colspan="3">☐The description above was provided by the Complainant in person, and the Complainant has read and confirmed its content.

☐The description above was provided by the Complainant by phone, and has been read to and confirmed by the Complainant.

☐Additional Information:_____

Personnel Office Staff Signature or Seal: _____
mm/dd/yyyy</td></tr>
<tr><td>Processing Status</td><td colspan="4">☐ Processed
☐ Not Processed; Reason:_____</td></tr>
<tr><td colspan="5">Signatures of committee members serving that month:_____

mm/dd/yyyy</td></tr>
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