（Form 1）

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| Harassment Consultation Application Form |
| Please fill in your name, department or section and method for contact.  Your privacy will be kept at most and please fill in to the extent you can.  katakana　　　　　　　　　　　　　　　 　Yourself  Name　　　　　　　　　　　　 Proxy（Relation to victim:　　　　　　　　）  Department/Section  Contact（Contact you prefer）  \*You can attach separate paper if needed.  1. How you were harassed? (problematic behavior)  Please fill in objectively and in details  2. Who was involved?  Please fill in if any witness  3. Where was it occurred?  4. When was it occurred?  5. How did you react to the speech or behavior?  6. Please encircle the type of harassment you received.  　　(1)Sexual　・　(2)Academic　・　(3)Power　・　(4)Others or unexplainable  7. Please state any reason for choosing the category at No. 6.  8. Have you consulted anyone?  9. Please circle measures which you like the university to take.  (1)Consultation　・　(2)Coordination　・　(3)Research　・　(4)Others（　　　　　　　　　　） |
| Accepted： time day month year　　　　　　Person in charge：  Accepted by： Interview　・　　Telephone　・　　Document（　Letter　　・　 Email　　） |