

Petition against Discrimination against People Residing in the Taiwan Area

Information of Petitioner	* <u>Name</u>		* <u>Gender</u>		* <u>Date of Birth</u>			
	* <u>I.D. Number</u>		* <u>Phone No.</u>		Company/ School		Title	
	* <u>Address</u>							
	Educational qualifications	<input type="checkbox"/> Elementary school <input type="checkbox"/> Middle school <input type="checkbox"/> High school <input type="checkbox"/> Bachelor <input type="checkbox"/> Master or higher Chinese fluency: <input type="checkbox"/> good <input type="checkbox"/> average						
	Occupation	<input type="checkbox"/> Student <input type="checkbox"/> Service <input type="checkbox"/> Specialized <input type="checkbox"/> Farming <input type="checkbox"/> Industrial <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployment <input type="checkbox"/> Others						
* <u>Items of Request</u>					* <u>Administrative appeal or litigation been filed</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
* <u>Facts and reasons for the petition</u>	* <u>Name of the respondent</u>		Company(school) name of the respondent	Name: _____ Number: _____ <input type="checkbox"/> : <u>X</u>				
	Time of the incident	_____ : _____(hh/mm), _____(DD/MM/YYYY)						
	Location of the incident							
	Description of the incident							
Evidence	Attached documents and evidence (if applicable): 1. 2. 3.							
* Petitioner's Signature: X _____ Date of petition: _____(DD/MM/YYYY)								

P.S.,

1. * are required fields
2. The relevant information of the parties contained in this petition shall be kept confidential unless necessary for investigation or based on public safety considerations.
3. Nor petition filed based on the same reasons or withdrawn petitions are allowed.

Legal representatives (if necessary)

Information of legal representatives	* <u>Name</u>		* <u>Gender</u>		* <u>Date of Birth</u>	
	* <u>I.D. Number</u>		* <u>Phone No.</u>			
	* <u>Address</u>					
	Occupation	<input type="checkbox"/> Student <input type="checkbox"/> Service <input type="checkbox"/> Specialized <input type="checkbox"/> Farming <input type="checkbox"/> Industrial <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployment <input type="checkbox"/> Others				
	Relationship with the petitioner	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Others			Proof of relationship	

Appointment of agent (if necessary)

Information of legal representatives	* <u>Name</u>		* <u>Gender</u>		* <u>Date of Birth</u>	
	* <u>I.D. Number</u>		* <u>Phone No.</u>			
	* <u>Address</u>					
	Occupation	<input type="checkbox"/> Student <input type="checkbox"/> Service <input type="checkbox"/> Specialized <input type="checkbox"/> Farming <input type="checkbox"/> Industrial <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployment <input type="checkbox"/> Others				
	Appointment of agent form	<input type="checkbox"/> Attached		<input type="checkbox"/> Not attached		