

Sexual Harassment Complaint Form of E.SUN FHC and its subsidiaries

Date :

Name of complainant	Work unit	Title	Gender	ID card number	Date of birth
Place of residence	Home address:			Contact phone number	O :
	Place of residence				H :
Date and content of incident					
Relevant evidence or witnesses					
Requests					
(statutory) representative (attach letter of appointment)	Name:		ID card number:		
	Place of residence:		Contact phone number:		

注意事項 Remarks	性騷擾事件請填妥資料向本公司性騷擾申訴委員會申訴，申訴專線電話：(02)2175-1329 傳真：(02)8712-3513 電子信箱： hrd@email.esunbank.com.tw Please complete this sexual harassment complaint form in full and submit to the sexual harassment complaint committee; sexual harassment hotline: (02) 2175-1329; fax: (02) 8712-3513; e-mail: hrd@email.esunbank.com.tw		
申訴人簽章 Signature/seal imprint of complainant		代理人簽章 Signature/seal imprint of representative	