TITLE IX SEXUAL HARASSMENT REPORTING FORM

Policy ACAC - Prohibition of Sexual Harassment

☐ Initial Report - Date: ☐ Formal Complaint - Date:

REPORTING PARTY INFORMATION

Name of Person Making Report:

Position/Title:	Relationship to Complainant:
Email Address:	Phone Number:

COMPLAINANT INFORMATION (Person Alleged to be Victim)

Complainant Name:	Grade/Position:
School/Building:	
Parent/Guardian Name (If Minor):	
Address (Parent/Guardian if Minor):	
Phone (Parent/Guardian if Minor):	

RESPONDENT INFORMATION (Person Alleged to Have Committed Harassment)

Respondent Name:	Grade/Position:
School/Building:	

INCIDENT DETAILS

Date of Incident(s):	Time of Incident:
Location of Incident:	
Detailed Description of Alleged Sexual Harassment:	
Witnesses (Names and contact information if known):	
Previous Incidents or Pattern of Behavior:	

TYPE OF CONDUCT (Check all that apply)

- ☐ Verbal harassment (sexual comments, jokes, requests for sexual favors)
- ☐ Physical conduct (unwelcome touching, sexual assault)
- ☐ Visual conduct (displaying sexual images, gestures)
- ☐ Electronic harassment (texts, emails, social media)
- ☐ Quid pro quo (conditioning benefits on sexual conduct)
- ☐ Other (describe below)

Other Description:

IMPACT AND RESOLUTION SOUGHT

Impact on Complainant's Education/Work Environment:
Resolution or Action Requested:

- ☐ I am requesting that the district conduct a formal investigation of this matter under the Title IX Grievance Process.
- ☐ This is an initial report only (no formal investigation requested at this time)

IMPORTANT INFORMATION:

- This report will be forwarded to the Title IX Coordinator
- The district will respond promptly and equitably to all reports
- Supportive measures are available regardless of whether a formal complaint is filed Retaliation against anyone who reports sexual harassment is prohibited
- For incidents involving students under 18, additional reporting to DCYF may be required

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SIGNATURE AND CERTIFICATION

Signature:

Date: Time:

- ☐ **I certify that the information provided in this report is true and accurate to the best of my knowledge. I understand that providing false information may result in disciplinary action.**

Submit completed form to: Melissa McKeon, mmckeon@strafford.k12.nh.us, (603) 905-9555, 28 Roller Coaster Rd, Strafford, NH 03884