

☐ Elementary School
☐ Middle School
☐ High School
☐ Other

REPORTING:

Name: _____ **Position:** _____

Person reporting incident: _____
Name

Name of Alleged Victim	Age	School	Grade	Notes
Name(s) of Alleged Perpetrator(s)	Age	School	Grade	Notes

Location of Incident: (check all that apply):

☐ At school sponsored event or activity:☐ Off campus:

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REPORTING:

Police Reporting under Safe Schools:

- ☐ Discretionary
☐ Mandatory

Date: _____

Reported to Title IX Coordinator: Date: _____ Time: _____

Title IX Coordinator's Meeting with Complainant: Date: _____ Time: _____

Notice of rights regarding filing of formal complaint to Complainant:
Date: _____ Time: _____

Manner: _____

Notice of rights regarding filing of formal complaint to Respondent:
Date: _____ Time: _____

Manner: _____

FORMAL COMPLAINT:

Formal Complaint Filed by Alleged Victim: ☐ Yes ☐ No

If Yes: Date: _____ Time: _____

Formal Complaint Filed By Title IX Coordinator: ☐ Yes ☐ No

If yes, list date and reasons: _____

IF FORMAL COMPLAINT IS FILED, PROCEED WITH TITLE IX INVESTIGATION.

IF NO FORMAL COMPLAINT IS FILED, DETERMINE WHETHER OTHER POLICIES AND RULES APPLY AND PROCEED UNDER THOSE RULES AND POLICIES.

FORMAL COMPLAINT DISMISSED:

Formal Complaint dismissed? ☐ Yes ☐ No

If yes, mandatory dismissal because:

- ☐ does not constitute sexual harassment even if proved;
☐ did not occur in the District's program or activity; or
☐ did not occur against a person in the United States

OR

If yes, permissive dismissal because:

- ☐ complainant in writing notified Title IX Coordinator that Complainant wanted to withdraw formal complaint or allegations;
☐ respondent is no longer enrolled or employed by District; or
☐ specific circumstances prevent the District from gathering evidence sufficient to make a determination.

Describe the specific circumstances: _____

SUPPORTIVE MEASURES:

Were Supportive Measures offered to Complainant?

☐ Yes☐ NoIf yes, detail the Supportive Measures: _____

Supportive Measures Accepted by Complainant:

☐ Yes☐ NoIf yes, list the Supportive Measures: _____

Were Supportive Measures offered to Respondent?

☐ Yes☐ NoIf yes, detail the Supportive Measures: _____

Supportive Measures Accepted by Respondent:

☐ Yes☐ NoIf yes, list the Supportive Measures: _____

_____**TITLE IX INVESTIGATION:**

Investigator assigned: _____

Date: _____

Date Investigation began: _____

Initials: _____

What actions were taken to investigate this incident?
(check all that apply)☐ Interviewed alleged student victim☐ Interviewed alleged perpetrator(s)☐ Interviewed alleged student victim's parent/guardian☐ interviewed alleged student perpetrator's
parent/guardian☐ Examined physical evidence: _____

_____☐ Interviewed witnesses☐ Witness statements collected in writing☐ interviewed school nurse☐ interviewed guidance/school psychologist☐ Reviewed Academic Records☐ Reviewed Student Records☐ Reviewed Student Attendance☐ Reviewed Video Surveillance☐ Reviewed medical information☐ Reviewed bus incident report☐ Reviewed social history between parties☐ Reviewed electronic content/web content☐ Reviewed changes in emotional functioning☐ Determined if retaliation or reprisal did occur☐ Is victim concerned about retaliation or reprisal occurring against a student, teacher, administrator,
volunteer, or other employee

☐ Considered history of prior student conflicts and/or problematic behavior

☐ Interviewed teachers and/or school staff: (list names)

☐ OTHER:

Before completing investigation report, Title IX Coordinator sends parties and representatives the evidence and gives them 10 days to respond in writing.

Evidence sent: Date: _____ Manner: _____
 To Whom: _____

10 day written response from parties due: _____

Investigator prepares written investigative report in accordance with Policy ACAC Section III E(3).

Investigative report sent to Title IX Coordinator, parties, and representatives and investigator gives parties 10 days to provide Title IX Coordinator with written response to investigative report.

 Date: _____ Manner: _____
 To Whom: _____

10 days written response from parties due: _____

DETERMINING RESPONSIBILITY/EVIDENCE OF SEXUAL HARASSMENT:

Initial Decision-Maker Assigned: _____

Date: _____

Definition of Sexual Harassment:	Look for:
<input type="checkbox"/> Conduct is on the basis of sex	<input type="checkbox"/> Gender <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity
<input type="checkbox"/> Conduct occurred in a school program or activity	<input type="checkbox"/> On school property <input type="checkbox"/> District control of program or activity <input type="checkbox"/> District control over alleged perpetrator
<input type="checkbox"/> If above criteria are not met conduct does not violate Title IX. <input type="checkbox"/> If above two criteria are met, proceed to the following: (one of the following must be found for the conduct to violate Title IX):	
<input type="checkbox"/> Did a District employee condition an aid, benefit, or service of an education program or activity on the individual's participation or refusal to participate in sexual conduct regardless of whether the conduct is welcomed by the student or other employee	
<input type="checkbox"/> Unwelcome sex-based/related conduct determined by a reasonable person to be so severe, pervasive AND objectively offensive that it effectively denies a person equal access to the education program or activity	<input type="checkbox"/> Sexually suggestive remarks or jokes <input type="checkbox"/> Verbal harassment or abuse <input type="checkbox"/> Displaying or distributing sexually suggestive pictures, in whatever form (e.g., drawings, photographs, videos, irrespective of format) <input type="checkbox"/> Sexually suggestive gesturing, including touching oneself in a sexually suggestive manner in front of others

	<p>Harassing or sexually suggestive or offensive messages that are written or electronic</p> <p>Subtle or direct propositions for sexual favors or activities</p> <p>Touching of a sexual nature or groping</p> <p>Teasing or name-calling related to sexual characteristics or the belief or perception that an individual is not conforming to expected gender roles or conduct</p> <p>excessive emotional behavior</p> <p>evidence of anxiety (including physical symptoms) or being nervous and scared</p> <p>evidence of internalizing behavior - increased isolation, socially removed</p> <p>changes in school attendance: absences, tardies, dismissals</p> <p>changes in grades - school performance</p> <p>changes in school attendance, absences, tardies, dismissals</p> <p>missing classes/parts of school day</p> <p>changes in grades - school performance</p> <p>changes in participation of school activities - athletics, co-curricular, etc.</p> <p>avoidance of elements of school days including school bus</p> <p>created significant tension between students/others</p> <p>students are significantly uncomfortable</p> <p>student hostile in educational environment</p> <p>socially maladjusted behavior directed to student (s)</p> <p>significant incident of disruption</p>
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	<p>repeated evidence of school disruption</p> <p>discipline patterns</p> <p>violations of behavioral expectations that result in school disruption</p> <p>other:</p>
<input type="checkbox"/> Sexual assault, domestic violence, dating violence, or stalking	<input type="checkbox"/> Sexual assault <input type="checkbox"/> Domestic violence <input type="checkbox"/> Dating violence <input type="checkbox"/> Stalking

Before determining responsibility, initial decision-maker provides each party 10 days to submit written, relevant questions for initial decision-maker to ask any party or witnesses.

Questions Due: _____

Questions received: ☐ Yes ☐ No

If yes, 10 days for response from initial decision-maker.

Questions Sent to Parties/Witnesses: _____

Manner: _____

Answers Due: _____

Supplementary limited follow-up questions in 5 days: ☐ Yes ☐ No

If yes, 5 days for answers.

Answers Due: _____

Initial decision-maker makes written determination within 10 days after close of questions in accordance with Policy ACAC Section IIIF(9).

RESPONSIBILITY DETERMINATION:

Did initial decision-maker find sexual harassment?

☐ Yes Proceed to next section

☐ No Stop sexual harassment investigation and process under other rules and policies.

INTERVENTIONS/CONSEQUENCES (CHECK ALL THAT APPLY):

Victim	Perpetrator	Intervention I Consequences	Notes
		None were warranted	
		Student conference (s) with administrator	
		Positive behavioral interventions	
		Teacher notification plan	
		Other school staff notification	
		Parent meeting (s)	
		Referral to 504, Rtl, special education team	
		Counseling/therapeutic interventions	
		Silent mentor program	
		Safe person plan	
		Check-in - Check-out assigned	
		Sexual Harassment prevention plan to be Developed	
		Follow up / Monitoring	
		Unstructured areas safety plan	
		School bus planning/notification	
		Loss of privileges	

		Detention	
		In-school suspension	
		Out-of school suspension	
		Other (specify):	

Additional Notes:

FOR STATE REPORTING PURPOSES:

This section is designed to collect sexual harassment data consistent with the NH DOE reporting categories of the School Safety Survey. Please hypothesize the intent of this substantiate sexual harassment incident based on the following state reporting categories. Please note, only check if your investigation provides evidence upon which to base this conclusion. If the reporting categories do not apply, please do not check.

- ☐ On the basis of gender
- ☐ On the basis of sexual orientation
- ☐ on the basis of gender identity

Principal: _____

Signature

Date

Designee: _____

Signature

Date

ATTACHMENTS:

- ☐ Discipline Referral
- ☐ Safe Schools Report
- ☐ Parent/staff Sexual Harassment Reporting Form
- ☐ Formal Complaint⁰
- ☐ Investigative Report
- ☐ Initial Decision-Maker's Written Determination
- ☐ Responses and Questions of Complainant and Respondent

Received at the SAU Office on: _____

Initials: _____

**THIS SEXUAL HARASSMENT INVESTIGATION FORM
AND THE ATTACHMENTS MUST BE MAINTAINED
FOR A MINIMUM OF SEVEN (7) YEARS.**