

**AUBURN, CANDIA, HOOKSETT SCHOOL DISTRICT**  
(circle district above that applies)  
**SEXUAL HARASSMENT AND SEXUAL VIOLENCE**  
**REPORT FORM**

**General Statement of Policy Prohibiting Sexual Harassment**

The school district maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment and sexual violence against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual violence, sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile or offensive environment will not be tolerated under any circumstances.

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Complainant: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Work Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of person you believe sexually harassed or was sexually violent toward you: \_\_\_\_\_

List any witnesses that were present:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where did the incident(s) occur?: \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has sexually harassed or was sexually violent to me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

**CANDIA SCHOOL DISTRICT  
ADMINISTRATIVE FOLLOW-UP  
(Response to Harassment Complaint)**

Date of notification to Title IX Coordinator: \_\_\_\_\_ Time: \_\_\_\_\_

Date of initial written report to Title IX Coordinator: \_\_\_\_\_

Date(s) of investigation: \_\_\_\_\_

What action was taken?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of follow-up conference: \_\_\_\_\_

Results of follow-up conference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of subsequent follow-up conferences: \_\_\_\_\_

Person(s) interviewed: \_\_\_\_\_

\_\_\_\_\_

Results of subsequent follow-up conference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there a violation of the harassment policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Corrective action recommended: \_\_\_\_\_

\_\_\_\_\_

Remedial action recommended: \_\_\_\_\_

\_\_\_\_\_

Date of final report sent to Title IX Coordinator: \_\_\_\_\_

Date copy of report sent to Complainant: \_\_\_\_\_

\_\_\_\_\_

Signature of Title IX Coordinator

Date

cc: Complainant