

**PUPIL SAFETY AND VIOLENCE PREVENTION**

**JICK-R**

**SAU #16 HARASSMENT COMPLAINT FORM**

Date of Filing \_\_\_\_\_ School \_\_\_\_\_

Name of Person Filing Complaint \_\_\_\_\_

Name of Investigator \_\_\_\_\_

Alleged Victim \_\_\_\_\_

Alleged Violator \_\_\_\_\_

Have the parent(s)/guardian(s) of alleged victim been contacted? \_\_\_ Yes \_\_\_ No

Have the parent(s)/guardian(s) of alleged violator been contacted? \_\_\_ Yes \_\_\_ No

Time of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_

Place of Incident \_\_\_\_\_

Description of Incident (use additional paper if necessary) \_\_\_\_\_

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

Was this incident a violation of the Sexual Harassment and Sexual Violence Policy?  
\_\_\_\_\_ Yes \_\_\_ No

Was this incident a violation of the Pupil Safety and Violence Prevention Policy (RSA 193:F)?  
\_\_\_\_\_ Yes \_\_\_ No

Action taken by Administrator \_\_\_\_\_

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

Original: Title IX Coordinator  
Copy to: Investigator/Information Manager  
Building Administrator

Date Adopted: February 15, 2005  
Last Review Date: February 15, 2005