

Laconia School District
Form to File a Title IX Complaint

Submit to: Amy N. Hinds, Title IX Coordinator
39 Harvard Street
Laconia, NH 03246
Email address: ahinds@laconiaschools.org

Complainant's name: _____ Date: _____

Address: _____ E-Mail Contact: _____

Telephone Contact: _____

Name of Student on whose behalf the complaint is filed, if applicable: _____

Student's Grade: _____

Description of facts alleging sexual harassment, identifying who you allege to have engaged in sexual harassment: _____

If you require additional space for your description, please attach your narrative to this complaint and sign it.

Please attach any supporting documents or information which relate to your description above.

I would like _____ School District to investigate these allegations: ___ Yes ___ No

I would like to speak with the Title IX Coordinator further before I decide whether I want the _____ School District to conduct an investigation: ___ Yes ___ No

Please list any individuals who have information regarding your Complaint:

Complainant's Signature: _____

Upon receipt of a signed complaint requesting an investigation, the Laconia School District will commence a Title IX Investigation pursuant to the applicable laws, regulations and Laconia School District's Title IX Policy. **In accord with Title IX, Laconia School District offers prompt supportive measures to individuals alleging potential violations of Title IX, even if a formal complaint is not filed.**

A copy of the School District's Title IX policy is available at: www.laconiaschools.org.

TITLE IX INVESTIGATION
Reporting Form (A)

Name: _____ Date of Birth: _____

Today's Date: _____

Are you a student ____; staff member ____; other _____ (specify)

Do you understand Confidentiality and the Reprisal Statement? Yes _____ No _____

Was the investigator's role explained to you? _____ Yes _____ No

Alleged Harasser's Name: _____

How do you know the harasser?

Date(s) harassment occurred:

Time(s) harassment occurred:

Detailed Description of Harassment:

Were there any witnesses? If so, who?

Has harassment happened before? _____

When: _____

How did it make you feel?

What was your response to the harasser?

Did you tell anyone about it? Who? When? Where? What did you say?

What was the other person's response?

How would you like to see the harassment resolved?

Signature of person completing this form

Date

Signature of Investigator

Date

TITLE IX INVESTIGATION

Alleged Harasser Form (B)

Name: _____ Date of Birth: _____

Today's Date: _____

Are you a student ___; staff member _____; other _____ (specify)

Was Confidentiality & the Reprisal Statement explained? ___ Yes ___ No

Please respond to the allegations described by the investigator (e.g. Describe what you think happened).

Signature of Person Completing This Form

Date

Signature of Investigator

Date

**RESOLUTION OF COMPLAINT
Investigation Summary Form (C)**

Summary of complaint and investigation steps:

Conclusion of findings:

Remedial Measures Recommended:

Disciplinary Action Recommended:

Action Taken By Administration:

Investigator

Date

Administrator

Date

FORWARD FULL REPORT TO TITLE IX COORDINATOR