



# School Administrative Unit 21

*Serving the Districts of Hampton Falls, North Hampton, Seabrook, South Hampton, and Winnacunnet High School  
2 Alumni Drive, Hampton, NH 03842  
(603) 926-8992*

## Harassment and Sexual Violence Incident Report See Board Policy #ACAC

The Districts of SAU21 prohibit all forms of discrimination based on sex (including without limitation, gender, sexual orientation, and/or gender identity). Sexual harassment and sexual violence against students or employees is sexual discrimination. All persons are to be treated with respect and dignity. Sexual violence, sexual advances, or other forms of unwelcome sexual conduct which create an intimidating, hostile, or offensive environment will not be tolerated.

The Districts of SAU21 will keep this report confidential as allowed by law. However, it may be necessary to disclose information contained in this report in order to investigate the conduct alleged and to administer proper consequences. If you have any questions regarding how the information contained in this report may be used, please discuss them with the Title IX Coordinator prior to filing the report. Once a report is filed, the district has an obligation to investigate the information provided.

### 1. Person making report:

Name:

Address:

Phone number:

Email:

Check all boxes that apply:

<input type="checkbox"/> Alleged victim	<input type="checkbox"/> Witness	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Reporter (not the target)	<input type="checkbox"/> Student	<input type="checkbox"/> Employee
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other

### 2. Alleged victim(s), if NOT the person making this report:

Name:

Address:

Phone Number:

Email:

Alternate means to contact you (e.g. friend's phone/email):

Status in the District:      Student      Employee      Volunteer      Other

**3. Alleged perpetrator(s), if NOT the person making this report:**

Name:

Address:

Phone Number:

Email:

Status in the District:      Student      Employee      Volunteer      Other

**4. Witnesses (people who saw the incident or have information about it)**

Student      Staff      Other      Name:

Student      Staff      Other      Name:

Student      Staff      Other      Name:

**5. Description of the incident:** (include as much information as possible such as the date of the incident, location, use of any weapon(s), and whether evidence exists such as texts, pictures, videos, and emails). Please preserve any evidence you have

**Acknowledgment of Reporter**

I have answered all questions and provided a description of the incident in good faith and to the best of my knowledge. I understand that I may contact the Title IX Coordinator at **(603) 926-8992** if I have any questions about the reporting process or want additional information.

**Signature of person submitting this report:**

**Date:**

**Retaliation Prohibited**

Retaliation is any adverse action taken against a student, employee, or witness for making a good faith report of sexual harassment or for participating in an investigation. Retaliation includes threats, intimidation, harassment, coercion, or other threatening conduct. Please contact the Title IX Coordinator immediately if you believe retaliation has occurred.