

NORWELL PUBLIC SCHOOLS
Office of Student Services

CIVIL RIGHTS VIOLATION/DISCRIMINATION COMPLAINT FORM

Complainant: _____ School/Assignment: _____

Home Address: _____ Home Phone: _____

_____ School/Work Phone: _____

Date/s of Alleged Incident/s: _____

Who was discriminated against? Me Someone Else

If someone else's Civil Rights have been violated, please complete this section:

Person's Name: _____ School/Work: _____

Home Address: _____ Home Phone: _____

_____ School/Work Phone: _____

Person's relationship to you (teacher, colleague, student, etc.):* _____

*Does this person know you are filing a Civil Rights Violation/Discrimination Complaint? YES NO

If NO, please explain:

Please specify the type of Civil Rights violation/discrimination:

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Religious | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disability | <input type="checkbox"/> Age |
| <input type="checkbox"/> Retaliation (filed a complaint or asserted your rights) | <input type="checkbox"/> Other: _____ | | |

Name of the person/s you believe violated your Civil Rights and/or discriminated against you/another person:

Please describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statement (e.g., threats, requests, reprimands, etc) and what, if any, physical contact was involved. Attach additional pages as necessary.

When and where did the incident/s occur?

List any witnesses who were present:

What would you like to see as a result of the report/investigation?

Complainant Statement:

This complaint is based upon my honest belief that _____ has violated my Civil Rights and/or has discriminated against me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

(complainant signature)

(date)

Please submit this completed form, as well as any additional pages, to:

James M. LaBillois
Civil Rights Complaint Officer
Norwell Public Schools
322 Main Street
Norwell, MA 02061

(p) 781-659-8800
(f) 781-659-8805

labillois@norwellschools.org

Dr. Kelly Chase
Alternate Civil Rights Complaint Officer
Norwell Public Schools
322 Main Street
Norwell, MA 02061

(p) 781-659-8800
(f) 781-659-8805

chase@norwellschools.org

Office Use Only:

Complaint Form Received by: _____ Date: _____

Date/s of Investigation: _____ Date of Final Report: _____