

NORWELL PUBLIC SCHOOLS
Office of Student Services

HARASSMENT COMPLAINT FORM

Complainant: _____ School/Assignment: _____
Home Address: _____ Home Phone: _____
_____ School/Work Phone: _____

Date/s of Alleged Incident/s: _____

Please specify the type of harassment:

- Sexual Racial Religious National Origin
 Marital Status Sexual Orientation Disability Other: _____

Name of the person/s you believe harassed you or another person: _____

If the alleged harassment was directed toward another person, please identify that 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 occur? _____

List any witnesses who were present: _____

Complainant Statement:

This complaint is based upon my honest belief that _____ has harassed 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
Harassment Complaint Officer
Norwell Public Schools
322 Main Street
Norwell, MA 02061
781-659-8800

Dr. Kelly Chase
Alternate Harassment Complaint Officer
Norwell Public Schools
322 Main Street
Norwell, MA 02061
781-659-8800

Office Use Only:

Complaint Form Received by: _____ Date: _____

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