HOLBROOK PUBLIC SCHOOLS

HARASSMENT COMPLAINT FORM

Complainant_____

Home Address_____

School/Work Address_____

Home Phone_____

School/Work Phone_____

Date of alleged incident(s) _____

Type of Harassment: _____Sexual _____Marital Status

_____Racial _____Sexual Orientation

_____Religious _____Disability

_____National Origin

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that other person:_____

_____

When and where did the incident occur? _____

_____

List any witnesses who were present: _____

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's Signature) (Date)

_____

(Received by) (Date)

Submit to: Director of Pupil Personnel Services or Building Principals
Holbrook Public Schools
245 South Franklin Street
Holbrook, MA 02343
781-767-1226

Please provide additional information on the back of this form.

Adopted: March 19, 2008,
Amended: August 20, 2008, April 14, 2010, March 23, 2017