NORWELL PUBLIC SCHOOLS
OFFICE OF INSTRUCTION

BULLYING/CYBERBULLYING REPORTING/COMPLAINT FORM

GENERAL INFORMATION

Complainant: _____   School/Assignment: _____

Home Address: _____   Home Phone: _____

_____   School/Work Phone: _____

Date/s of Alleged Incident/s: _____

INFORMATION ABOUT THE INCIDENT/S

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/s 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 bullied/cyberbullied 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, along with any additional information, to:

Suzan Theodorou	Warren G. MacCallum
NPS District Complaint Officer	NPS District Alternate Complaint Officer
322 Main Street	322 Main Street
Norwell, MA 02061	Norwell, MA 02061
781-659-8800	781-659-8800
suzan.theodorou@norwellschools.org	warren.maccallum@norwellschools.org

Name/s of Individual/s Completing this form: _____   Date: _____

Designated School Official Responsible: _____   Date Complaint Rec'd: _____

Date of Parent Contact: _____   Time: _____   Method: _____

Signature of Designated Official: _____   Date: _____
Signature of Principal: _____   Date: _____