

**NORWELL PUBLIC SCHOOLS
OFFICE OF INSTRUCTION**

DISCRIMINATION 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

Please specify the type of discrimination:

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

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

If the alleged discrimination 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 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, along with any additional information, to:

Suzan Theodorou
NPS District Complaint Officer
322 Main Street
Norwell, MA 02061
781-659-8800

suzan.theodorou@norwellschools.org

Warren G. MacCallum
NPS District Alternate Complaint Officer
322 Main Street
Norwell, MA 02061
781-659-8800

warren.maccallum@norwellschools.org

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

Date complaint rec'd: _____ Complaint rec'd by: _____
Date of contact: _____ Time of Contact: _____ Method: _____