



The Acton-Boxborough Regional School District
HARASSMENT BASED ON PROTECTED CHARACTERISTICS
COMPLAINT FORM

(If written complaint, please attach copy.)

Date of Incident: _____

Description of Incident: (Attach additional pages, if necessary)

Complainant and any Identified Persons Involved in Incident were:

- given a complete explanation and copy of Policy Prohibiting Harassment
Yes No
- informed the Coordinator for Title IX/Section 504/Chapter 622's name and office location
Yes No
- cautioned to limit discussions to those staff directly involved in the investigation and to treat the matter as confidential
Yes No
- offered counseling in school
Yes No
- informed that any retaliation should be reported immediately, will not be tolerated and will be a matter for disciplinary action.
Yes No

Date Complaint Received by ABRSD: _____ **by:** _____