

MELROSE PUBLIC SCHOOLS  
360 Lynn Fells Parkway  
Melrose, MA 02176

RECEIPT OF HARRASSMENT

I acknowledge having read and received a copy of the Policy Prohibiting Sexual Harassment in the Melrose Public School System.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_

It is imperative that you return this signed form to Donna Keohane at Central Administration.