

WPS Bias Investigation Summary Form

The respondent's email (**null**) was recorded on submission of this form.

*** Required**

1. Email *

2. Name(s) of Complainant(s) *

3. Protected Class(es) *

Check all that apply.

- Ancestry
- Race
- National Origin
- Color
- Gender
- Pregnancy
- Gender Identity
- Sexual Orientation
- Religion
- Homelessness
- Age
- Disability
- Genetics
- Active Military
- Criminal Record
- Retaliation

4. School *

Check all that apply.

- WHS
- WMS
- Fiske
- Schofield
- P.A.W.S.
- Bates
- Sprague
- Hardy
- Hunnewell
- Upham
- Central Office
- Wellesley Public Schools

5. Date of Incident *

Example: January 7, 2019

6. Time of Incident *

Example: 8:30 AM

7. Location of Incident *

8. Is this investigation for discrimination, harassment, or retaliation? (Check ALL that apply) *

Check all that apply.

- Discrimination
 Harassment
 Retaliation

9. Were the allegations proven? *

Mark only one oval.

- Yes
 No

10. Will disciplinary action be taken? *

Mark only one oval.

- Yes
 No

11. Will corrective or remedial action be taken? *

Mark only one oval.

- Yes
 No

12. Please state the findings of this investigation in as much detail as possible, including all action to be taken. *

13. Name of designated official overseeing the investigation: *

14. Position of designated official overseeing the investigation: *

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