

MELROSE PUBLIC SCHOOLS  
360 Lynn Fells Parkway  
Melrose, MA 02176

RECEIPT OF SEXUAL HARASSMENT

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

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

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

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

It is imperative that you return this signed form to Donna Keohane or Judy Connors at Central Administration