



HOLMDEL TOWNSHIP PUBLIC SCHOOLS

SEXUAL DISCRIMINATION/HARASSMENT

Harassment Complaint Form

Name of Complainant: _____

Position of Complainant: _____

Date of Complaint: _____

Date and Place of Incident(s): _____

Description of Misconduct: _____

Name(s) of Witness(es): _____

Evidence of harassment,
i.e., letters, photos (attach copies): _____

Any other information: _____

I declare that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____



NJSBA POLICY SERVICES

New Jersey School Boards Association, P.O. Box 909, Trenton, New Jersey 08605-0909
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