NORTH HUNTERDON-VOORHEES REGIONAL HIGH SCHOOL DISTRICT COMPLAINT FORM

Incidents of Alleged Harassment and/or Unlawful Discrimination

Date of Complaint:
Name of Complainant:
Home Address:
Home Telephone:
Work Telephone:
I believe that I have been the victim of or witness to (circle one) an incident of harassment and/or unlawful discrimination.
If you have been the victim of or witness to an incident of suspected harassment and/or unlawful discrimination, please identify the alleged victim(s) or other subject(s) of the harassment and/or unlawful discrimination:
Date of Alleged Incident(s):
Name and Physical Description of the Individual(s) Suspected of Harassment and/or
Unlawful Discrimination:
Please provide whether you discussed the matter with a supervisor, school administrator, staff member, or any other person, in an attempt to reach a resolution:
Please provide whether the matter was resolved satisfactorily, and if not, explain why:

Please describe each incident as clearly and specifically as possible, include such things as:

•	The date, time and location of	· · · · · · · · · · · · · · · · · · ·
•		tion of any verbal conduct (<u>e.g.</u> , threats, onduct (<u>e.g.</u> , signs or pictures), or physical alt).
Attach addit	tional pages as necessary.	
Please ident	ify any witnesses to the incide	nt(s)·
i icase ident	if y any withesses to the meide	m(3)
or to the ide		you believe may be relevant to the incident(s) ected of engaging in harassment and/or
Attach addit	tional pages as necessary.	
I hereby affi	rm that the information I have	provided is true to the best of my knowledge.
Name of Co	emplainant (Print)	Signature of Complainant
Date:		<u> </u>
Received By Position/Titl	le:	
Signature: Date:		
Dale.		