

METUCHEN PUBLIC SCHOOLS

Complaint Form Incidents of Alleged Harassment and/or Unlawful Discrimination

Date of Complaint: _____

Name of Complaint: _____

Position/Assignment in the School District: _____

Home Address: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

I believe that I have been the victim of / witness to (circle one) an incident of suspected harassment and/or unlawful discrimination.

If you have been the victim of or witness to an incident of suspected harassment, 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 describe each incident as clearly and specifically as possible, including such things as:

- the date, time and location of each incident;
- the nature, severity and duration of any verbal conduct (e.g., threats, language, demands), visual conduct (e.g., signs or pictures), physical conduct (e.g., touching assault), or electronic conduct (e.g., screen shots, posts, social media)

Attach additional pages as necessary.

Please identify any witnesses to the incident(s):

Please provide any other information that you believe may be relevant to the incident(s) or to the identity of the individual(s) suspected of engaging in harassment and/or unlawful discrimination.

Attach additional pages as necessary.

I hereby affirm that the information I have provided is true to the best of my knowledge.

Name of Complainant (Print)

Signature of Complainant

Date

Received By: _____
Print Name

Position/Title: _____

Signature: _____

Date: _____