

Toms River School District Healthy Workplace Concern/Violation Reporting Form

CONFIDENTIAL DOCUMENT –Submit to Cara DiMeo, Affirmative Action Officer

Section 1: Reporting Individual Information

Name: _____

Position/Title: _____

Department/School: _____

Phone/Email: _____

Preferred method of contact: Phone Email Other: _____

Section 2: Type of Concern (Check all that apply)

- Healthy Workplace Violation (e.g., bullying, retaliation, hostile work environment)
- Affirmative Action Violation (e.g., discrimination, harassment based on race, gender, disability, etc.)
- Other (please specify): _____

Section 3: Alleged Individual(s) Involved

Name(s): _____

Position/Title(s): _____

Department(s)/School(s): _____

Section 4: Description of Alleged Incident(s)

Please provide a detailed description of the incident(s). Include:

What happened? Where and when? Any witnesses? Any prior incidents or related concerns

(You may attach additional pages or documentation if needed)

Section 5: Witnesses (if any)

Name	Position/Title	Contact Info

Section 6: Steps Already Taken (if any)

- Reported to supervisor
- Reported to union representative
- Attempted informal resolution
- Other: _____

Explain any steps taken and outcomes (if known):

Section 7: Desired Outcome or Resolution

Please describe what you are seeking as a resolution or what you hope will happen as a result of this report:

Signature and Acknowledgment

I affirm that the information I have provided is accurate to the best of my knowledge. I understand that the district will take this report seriously and investigate appropriately.

Signature(s): _____

Date: _____

For Office Use Only

Date Received: _____

Received by (Name/Title): _____

Investigation Assigned to: _____

Action Taken:

Follow-Up/Resolution Date: _____