

COMMERCIAL TOWNSHIP

Township Hall
1768 Main Street
Port Norris, NJ 08349
Phone: (856) 785-3100
Fax: (856) 785-9420

HARASSMENT REPORT FORM

Name of Employee Making the Allegation: _____

Name of Department: _____

Name of Immediate Supervisor: _____

Name of Person(s) Against Whom the Allegation is Made:

Give a clear and concise statement of the facts constituting each alleged charge and the dates, times and places when such act(s) allegedly occurred: (Use extra paper if necessary).

Name(s) of Witness(es) _____

(Signature of Person Filing Report)

(Date Report Filed)