



HADDONFIELD BOARD OF EDUCATION  
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HEALTHY WORKPLACE ENVIRONMENT REPORT - FORM A

STEP #1

FROM: \_\_\_\_\_, Grievant

TO: \_\_\_\_\_, Superintendent or Designee

DATE: \_\_\_\_\_

DESCRIPTION OF HAPPENING:

\_\_\_\_\_  
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(Signature)

(This Portion to be used by Designee ONLY)

STEP #2  
Grievance Number \_\_\_\_\_

TO: \_\_\_\_\_, Grievant

FROM: \_\_\_\_\_, Designee

DATE: \_\_\_\_\_

RESPONSE TO GRIEVANT:

\_\_\_\_\_  
(Date Grievance Received)

\_\_\_\_\_  
(Designee)