

# **Harassment, Intimidation and Bullying Manual**

## **Signature Page**

**Please select the appropriate response, sign and return this form to the correct department at:**

**Mount Laurel Board of Education  
330 Mount Laurel Road  
Mount Laurel, NJ 08054**

**Or**

**To the school in which you are volunteering**

- Board of Education Member (Business Office)**
- Substitute and/or New Employee (Human Resources)**
- Contract Service Providers (Curriculum Office)**
- Volunteer (School Main Office)**

I, \_\_\_\_\_, acknowledge that I have  
*(Printed First and Last Name )*

read the Mount Laurel manual on Harassment, Intimidation and Bullying. I understand the requirements and will report potential incidents of HIB.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_