

Employee Bullying or Harassing Behavior Complaint Form

Name of the Person Reporting _____

Description of the Specific Nature and Date of Misconduct _____

Name (s) of the Victim (s) of the Misconduct _____

Names of Any Witnesses _____

Any Other Information That Would Assist or Help in the Investigation of the Complaint

Signature of Person Reporting _____

Phone Number _____

PLEASE PROMPTLY GIVE THIS FORM TO THE SUPERVISOR, PRINCIPAL OR ASSISTANT SUPERINTENDENT

Investigating Officer:

Attach completed investigation report to complaint form

Allegation substantiated _____ yes _____ no