Employee Bullying or Harassing Behavior Complaint Form

Name of the Person Reporting _______________________________________

Description of the Specific Nature and Date of Misconduct __________________

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

Names of Any Witnesses ____________________________________________

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

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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