

Employee Bullying Complaint Form

Instructions: This form may be used to report offenses related to: workplace bullying or other workplace misconduct (whether based on a protected classification).

Complainant Name:

Complainant Phone Number:

Complainant Email:

Complainant status:

Please provide any additional identifying information (e.g., Department, Work Site, Major, Residence Hall, Employer, etc.):

Respondent Name:

Respondent Phone: (if known)

Respondent Email:

Respondent Status:

Please provide any additional identifying information (e.g., Department, Work Site, Major, Residence Hall, Employer, etc.):

Were you directly involved in the incident(s)?

Description of Behavior:

Dates/Times of Behavior:

Location of Behavior:

Are you interested in informal resolution of this complaint?

☐ I am interested in learning more about informal resolution

☐ I am seeking informal resolution

*Note that checking either of these boxes does not prevent you from seeking more formal options of resolution in the future

Received by:

Date:

Assigned Investigator: