Name of complainant: ________________________________________________________________

Employing department: __________________________________________________________________

Name(s) of those who are alleged to have engaged in bullying: ________________________________

Description of event(s) that are the basis for this complaint:
(Please provide a clear and concise description of the basis for the complaint, including sufficient
information to allow the initial review panel to determine whether the events as alleged would
constitute bullying. Be sure to include the date(s) on which the event(s) occurred, the name(s) of those
who were involved in the alleged bullying, and the names of witnesses, if any. You may attach
additional pages if necessary.)

Complainant’s Signature: _____________________________________
Date:      _____________________________________

INITIAL REVIEW PANEL DECISION (check one):

___ Convene hearing  ___ Dismiss complaint

Signature:   _____________________________________
Date:    _____________________________________