

UMassAmherst

Workplace Bullying Grievance Form

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: _____