

UMassAmherst

Workplace Bullying - Response to Complaint Form -

Name of respondent: _____

Employing department: _____

Response: -

(Please provide full and specific responses to each claim in the hearing request, admitting or denying the -
allegations and providing a full explanation, including the names of witnesses, if any. You may attach -
additional pages if necessary.) -

Signature: _____ -

Date: _____ -