

## 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: