

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS OFFICE OF THE GENERAL COUNSEL 14201 SCHOOL LANE ROOM UPPER MARLBORO, MD 20772

WORKPLACE BULLYING INCIDENT REPORTING FORM

Download & Save as .pdf to access fillable fields.

Name:		
Work Location:		
Title:	Supervisor:	
Contact #:	Email:	
	<u>Complaint Section</u>	
Date(s) of Alleged Workplace Bu	ıllying:	
Name of Person Responsible for	Workplace Bullying:	
Location of Alleged Workplace E	Bullying:	
	llying (please be as detailed as possible):	

Return Completed Form via email with Subject: Re: Bullying - CONFIDENTIAL to:

Does the Aneget workplace bullying involve ringsical Contact (check one). This is no	s the Alleged Workplace Bullying Involve Physical Contact (check one): YESNO	
--	--	--

Return Completed Form via email with Subject: Re: Bullying - CONFIDENTIAL to:

List person(s) who may have witnessed the Alleged Workplace Bullying:

Attempts to Resolve Matter (prior to filing incident report):	
Complainant's Signature	Date Signed
This section for Equal Employment Opportunity Advisor use	e only:
Complainant Meeting Date & Outcome:	

Return Completed Form via email with Subject: Re: Bullying - CONFIDENTIAL to:

The above Workplace Bullying Reporting Form has been reviewed & appropriate parties interviewed, the EEO Advisor recommends:

Referred to Employee & Labor Relations Office (ELRO) for review in accordance with AP 4185 – Workplace Bullying.

_____Matter does not meet the requisite threshold to state a claim of Workplace Bullying under AP 4185 – Workplace Bullying. Complainant advised. No further action required.

_____Referred for Mediation.

____Other: _____

Return Completed Form via email with Subject: Re: Bullying - CONFIDENTIAL to: