

Does the Alleged Workplace Bullying Involve Physical Contact (check one): YES _____ NO _____

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

**Equity Assurance Office
14201 School Lane, Rm. 201F
Upper Marlboro, MD 20772
Email: equity@pgcps.org
Telephone No: 301-952-6156, Fax No: 301-952-6056**

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 only:

Complainant Meeting Date & Outcome:

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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: _____

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