

CONFIDENTIAL



Workplace Bullying Incident Report

(This incident form shall be completed by all persons submitting a formal complaint under the Anne Arundel County Workplace Bullying Policy, Employee Relations Manual, Section K-03. The completed form should be returned to either the Anne Arundel County Personnel Officer and/or Anne Arundel County Equal Employment Opportunity Director as applicable. Anne Arundel County is committed to promptly and responsibly investigating all claims of workplace bullying in accordance with the Workplace Bullying Policy. Your cooperation in truthfully completing this form and providing as much accurate information as possible will enable Anne Arundel County to investigate and respond to these matters more quickly and efficiently.)

Please CLEARLY PRINT the following information:

Please circle the appropriate answer describing the person reporting concern:

County Employee/Complainant Supervisor or Manager Department Head Other

Your Name: (Last, First name) _____

Your Position or Title: _____

Department/Assigned Work Designation: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone/Cell Phone: (____) _____

Office Telephone: (____) _____

Please notify Personnel and/or the EEO Director of any changes of address and/or telephone number during the period of this investigation.

Supervisor/Manager's Name: _____

Supervisor/Manager's Contact Number: _____

Name of individual(s) or the Respondent(s) that you believe engaged in workplace bullying.

Address (work): _____

City: _____ **State:** _____ **Zip Code:** _____

When did the alleged bullying conduct occur?

Date:

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Please check below with whom you filed your prior complaint?

Personnel EEO Director Supervisor/Manager Department Head

Please indicate whether you had any assistance or whether anyone else completed this complaint form on your behalf? Yes No

If yes, please provide the name and contact information for the individual (s) who assisted you with the form.

AFFIRMATION

I affirm that I have read the above charge(s) and that it is true to the best of my knowledge, information and belief.

Signature

Date

You may forward the completed complaint form as applicable to either:

*Anne Arundel County Office of Personnel, Employee/Labor Relations;
and/or, Anne Arundel County EEO Director*

FOR USE BY ANNE ARUNDEL COUNTY PERSONNEL/EEO

DATE FILED: _____ RESOLUTION: _____