



Complaint of Workplace Bullying

Complainant Information:

Name:	Telephone: W ()			H ()
Address:	City:	State:	Zip Code:	

Are you an employee of the Department of Transportation? Yes No
If yes, at which Administration are you employed?

- TSO
 MVA
 MAA
 MDTA
 MPA
 SHA
 MTA

What is your current job classification? _____

Name, title, and address of person you believe bullied you:

Name:	Telephon W ()			H ()
Address:	City:	State:	Zip Code:	

When was the last alleged bullying act? (Month, Day, and Year) _____

The alleged bullying was based on: (please check)

- Verbal Abuse
 Physical Abuse
 Working Interference/Sabotage
 Offensive Photos or Depictions
 Isolation
 Pattern of yelling
 Pattern of humiliation
 Threats, intimidation
 Personal attacks (name calling, insults, ridicule)
 Other

The issue(s) involved:

Describe the alleged act(s) of bullying. (Use additional pages if necessary.)



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What corrective action do you want taken on your behalf?

Have you filed a complaint alleging the same bullying with another state or federal agency?

Yes No

If yes, with what agency? _____

SIGNATURE

DATE