



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: _____ Telephone: 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:



Complaint of Workplace Bullying

The issue(s) involved:

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

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