



BULLYING, HARASSMENT, OR INTIMIDATION COMPLAINT FORM
For Use by Employees and Third Parties

The Howard County Public School System is committed to providing an educational and work environment that is free from bullying, cyberbullying, harassment, and intimidation of any type. If you believe you have experienced or witnessed bullying, harassment, or intimidation complete this form. Return the form to your supervisor or the Department of Employee and Labor Relations.

Name _____ Date _____

School/Office _____ Job Title _____

Home Address _____

Cell Phone _____ Home Phone _____

Type of Complaint: Bullying Cyberbullying Harassment Intimidation

Did you report the incident(s) to your supervisor? Yes No

If so, was it investigated? Yes No

Person(s) who you allege committed the incident(s):

Witness(es) to the incident: _____

Date(s), time(s), place(s) the incident (s) occurred:

Complaint Summary: *(Please be as detailed as possible. Include persons involved, comments, gestures, etc. Use additional pages if necessary.)*

Were there other individuals involved in the incident(s)? Yes No

If so, name the individual(s) and explain their role. (*Use additional pages, if necessary*):

What was your reaction to the behavior?

Describe any prior incidents or other relevant information.

Signature of Complainant

Date

*Please be aware that the information you provide is **kept confidential to the extent possible** and will be shared with those persons who are considered essential to the investigation and resolution of the complaint.*