HOUSTON INDEPENDENT SCHOOL DISTRICT WORKPLACE BULLYING COMPLAINT FORM

[Refer to Board Policy DIA3(REGULATION) for procedures and requirements]

Instructions: Please complete and submit this form to your immediate supervisor, school principal or work location supervisor, or the appropriate department chief.

EMPLOYEE'S NAME				e Phone
EMPLOYEE'S ADDRESS	S			
	Street	City	State	Zip
Work Location		Work Location Pho	ne	
Principal/Work Location S	Supervisor			
Data Filad				
Jale Fileu				
Date Filed				
ist the name(s) and title(s			this complaint:	
	s) of individuals(s) agains		•	
_ist the name(s) and title(s	s) of individuals(s) agains	et whom you are filing	· 	

Statement of Complaint:

Description of alleged incident(s) and date(s) of incident(s) [Who, What, When, Where, Why, and How].

Name:		
Name:	Phone #:	
Name:	Phone #:	
false claim, offers false stat	ring must be made in good faith. An employee who is ements, or refuses to cooperate with a District invest subject to appropriate disciplinary action." EGULATION).	
	Signature of Employee	Date
Date received by Principal/	mmediate Supervisor or designee:	

Witnesses with telephone numbers for each: