

Witnesses with telephone numbers for each:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

“A report of workplace bullying must be made in good faith. An employee who intentionally makes a false claim, offers false statements, or refuses to cooperate with a District investigation regarding workplace bullying shall be subject to appropriate disciplinary action.”
HISD Board Policy DIA3 (REGULATION).

Signature of Employee

Date

Date received by Principal/immediate Supervisor or designee: _____