

CONFIDENTIAL



Anti-Bullying Incident Report

(This incident form shall be completed by all persons submitting a formal complaint under the City of Fort Bragg Anti-Bullying Policy. The City of Fort Bragg is committed to promptly and responsibly investigating all claims of workplace bullying in accordance with the Anti-Bullying Policy. Your cooperation in truthfully completing this form and providing as much accurate information as possible will enable the City of Fort Bragg to investigate and respond to these matters more quickly and efficiently.)

Please CLEARLY PRINT the following information:

Please circle the appropriate answer describing the person reporting concern:

City Employee/Complainant Supervisor or Manager

Your Name: (Last, First name) _____

Position or Title: _____

Department: _____

Office Telephone: () _____

Supervisor/Manager's Name: _____

Name of individual(s) or the Respondent(s) that you believe engaged in workplace bullying.

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

When did the alleged bullying conduct occur?

Date: _____

Where did the alleged bullying occur?

Location: _____

Were there any witnesses to the bullying conduct? Yes _____ No _____

If yes, please provide the witness name(s) and contact number(s).

AFFIRMATION

I affirm that I have read the above charge(s) and that it is true to the best of my knowledge, information and belief.

Signature

Date

You may forward the completed complaint form as applicable to either:
City of Fort Braggi Office of Personnel, Employee/Labor Relations; and/or,

FOR USE BY CITY OF FORT BRAGG PERSONNEL/EEO	
DATE FILED: _____	RESOLUTION: _____

