

Metropolitan State University of Denver  
Workplace Bullying Complaint Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

900# (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**Metropolitan State University of Denver  
Workplace Bullying Complaint Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty    Administrator    Classified    Other

\_\_\_\_\_ (Fill in)

**Type of Bullying Alleged**

Bullying by Co-worker

Bullying by Supervisor

Other

**Summary of Alleged Complaint**

1. Date on which alleged conduct first occurred: \_\_\_\_\_
2. Date on which alleged conduct most recently occurred: \_\_\_\_\_
3. Names of witnesses (please specify whether employee, student, or other): \_\_\_\_\_  
\_\_\_\_\_
4. Name of person(s) who engaged in bullying (respondent): \_\_\_\_\_  
\_\_\_\_\_
5. Describe in detail the specific incidents, occurrences, decisions, and other factual matters believed to constitute bullying (if more space is needed, please attach additional sheets):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Harm caused: \_\_\_\_\_  
\_\_\_\_\_
7. I request that the following action be taken: \_\_\_\_\_  
\_\_\_\_\_

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## Acknowledgements

I understand the following:

1. I have the right to be free of retaliation for filing this complaint. I agree to report any conduct, which I believe, is motivated by retaliation for filing this complaint. I understand, however, that if this statement contains accusations, which I know are false, I may be subject to disciplinary action within the University, and/or external legal action from those I have falsely accused.
2. The Investigator will try to protect my identity from public exposure. The respondent, however, will be given a copy of this grievance in order to have an opportunity to respond to it.
3. I have received a copy of the Bullying Policy of Metropolitan State University of Denver.
4. I understand that the Investigator is an advocate for neither the grievant nor the respondent. The role of the Investigator is to investigate complaints from a neutral position to determine whether violations of the University's Bullying Policy have occurred.

## CERTIFICATION

I CERTIFY THAT THE STATEMENTS MADE IN THIS COMPLAINT ARE TRUE AND ACCURATE, AND THAT I HAVE READ AND UNDERSTAND THE STATEMENTS MADE IN THE ACKNOWLEDGMENTS SECTION OF THIS COMPLAINT

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Signature

Date