RESPECTFUL WORKPLACE/BULLYING COMPLAINT
Please Print Clearly or Type the Following Information

Your Name:_____ Date:_____

Bldg Site:_____ Job/Title:_____

Address at which you wish to receive confidential mail:_____

_____

Phone No.: (H) (_____) _____-_____ (W) (_____) _____-_____

Name and title of your supervisor:_____

Please contact the HR Office if you have difficulty completing this form.
You may reach Human Resources at 651-407-7546.

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1. Describe what happened. Include the dates and locations of each incident. If you require additional space, you may attach a statement to this form in addition to the statement you give below. Also, please attach any documents you think are important to investigating your complaint.

   _____

   _____

   _____

2. List each person you believe may have violated the Respectful Workplace Policy.
   Name Job Title Phone Supervisor

   _____

   _____

   _____

3. List each person you believe may have pertinent information about the situation.
   Name Job Title Phone Supervisor

   _____

   _____

   _____

4. What steps, if any, have you taken to resolve this matter?

   _____

   _____

   _____

5. List the person(s) you contacted in an attempt to resolve this matter.
   Name Job Title Date of Contact

   _____

   _____

   _____

Please forward this form to your supervisor or Human Resources:

White Bear Lake Area Schools
Department of Human Resources
2399 Cedar Ave, White Bear Lake, MN 55110
-OR-
INTEROFFICE MAIL: Dept. of HR

OFFICE: (651) 407-7546
FAX: (651) 705-7511

You will be contacted by your supervisor or a representative of the Human Resources Office to obtain additional information as needed. All employees must provide truthful and complete information and cooperate fully with the District in any investigation concerning the conduct of employees. The investigation process will be concluded within a reasonable period of time, and the results will be communicated to you either verbally or in writing. Although we cannot guarantee complete confidentiality, your concerns will be handled with the utmost discretion.

I hereby state and affirm that the information supplied via this complaint form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

SUPERVISORS: Forward this complaint form via FAX to the Human Resources Office immediately upon receipt.