

Workplace Bullying Grievance Report

Employee Details

Name

Department/Team

Position

Date

Details of Alleged Bullying

Name(s) of Alleged Perpetrator(s)

Date(s) and Time(s) of Incident(s)

Location(s) of Incident(s)

Description of Incident(s)

Please provide a detailed description of the alleged bullying behavior(s), including specific words, actions, or conduct observed:

Impact

How has this alleged bullying affected you and/or your work?

Witnesses

List any witnesses to the alleged incident(s):

Previous Actions Taken (if any)

Have you taken any previous steps to address this issue? (e.g., reported to supervisor, HR, etc.)

Desired Outcome

What outcome are you seeking as a result of this grievance?

Signature

Date