

# TRUMBULL COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

## WORKPLACE BULLYING COMPLAINT FORM

Individuals who feel they have been bullied by an employee of the Trumbull County Board of Developmental Disabilities, or while working for the Trumbull County Board of Developmental Disabilities, may file a complaint by completing this form and submitting it to their immediate supervisor, Department Director, the Human Resource Director, or other leadership employee.

Name of Complainant: \_\_\_\_\_

Classification and Worksite: \_\_\_\_\_

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

Basis of Complaint  
(continue on back or  
separate page if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Incident(s): \_\_\_\_\_  
\_\_\_\_\_

Please explain what  
Remedy you seek. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date