OFFICE OF HUMAN RESOURCES

COMPLAINT REGARDING ALLEGED ACT(S) OF VIOLENCE OR BULLYING

"Bullying" is any habitually cruel, hostile behavior perpetrated upon individuals or groups for the purpose of intimidation. ***Definition of Workplace/Campus Violence and Bullying, approved by the Board of Trustees, BP 3123, 07/07/2009***

Person Reporting Incident

Name	Department	Ext.
Address		
City	State	Zip
Contact Information	Home	
	Work	
	Cell	
	Email	

Best time to reach you:_____am/pm to _____am/pm.

Alleged Victim Information

Name	Department	Ext.
Address		
City	State	Zip
Contact Information	Home	
	Work	
	Cell	
	Email	

Name and position of person who has committed alleged act of violence or bullying

Name _____

☐ Manager ☐ Classified Employee ☐ Other / Unknown

☐ Faculty ☐ Student *specify*_____

Date and location of each incident; Describe what happened at each incident

PLEASE SUBMIT TO THE OFFICE OF HUMAN RESOURCES, 2714 Pico Blvd., 2nd Floor, Santa Monica, CA 90405 OR to the SANTA MONICA COLLEGE CAMPUS POLICE, 1718 Pearl Street, Santa Monica, CA 90405

Date and location of each incident; Describe what happened at each incident, continued

Describe and attach any information to substantiate your complaint (Substantiating information may include emails, photos, journals, etc.)

List contact information of any person who can substantiate your complaint (i.e., witnesses)

Name: _____ Department: _____
Extension: Email:

Name: _____ Department: _____
Extension: Email:

Name: _____ Department: _____
Extension: Email:

Name: _____ Department: _____
Extension: Email:

What would you like the District to do as a result of your complaint? What remedy are you seeking? Be as specific as possible.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THIS INFORMATION IS TRUE AND CORRECT.

_____ _____
SIGNATURE OF COMPLAINANT DATE OF SIGNATURE

_____ _____
NAME OF PERSON RECEIVING COMPLAINT DATE OF RECEIPT OF COMPLAINT

_____ _____
NAME OF PERSON RESPONSIBLE FOR FOLLOW-UP DATE OF FOLLOW-UP

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