

**Office of Equal Employment Opportunity  
District of Columbia Courts**

**Bullying Complaint Filing Requirements  
(Procedural Requirements, Instructions & Form)**

The Anti-Bullying Policy for the District of Columbia Courts' states that any employee who believes he/she is being subjected to bullying should promptly bring the matter to the attention of the Equal Opportunity Officer who will determine whether the claim has merit.

The attached form is being provided for your convenience. You may use it or prepare your original complaint using the form as a guide. You may provide additional details for the purpose of further outlining the events or circumstances supporting the complaint. Please be sure to include in your complaint the following information:

- name and title of the alleged bullying Court employee (e.g. manager, supervisor, etc.);
- a clear, but brief statement of the act or incident complained about, and the date of the act or incident;
- name(s) of witness(es) having personal knowledge of the circumstances, similar experiences, or some aspect thereof, relating to the allegations in the complaint; and

any statement(s) that were made, and by whom, that suggest the acts complained of were bullying in nature

**District of Columbia Courts**

**BULLYING COMPLAINT FORM**

This complaint form is intended to be used by aggrieved District of Columbia Courts (Courts) non-judicial employees, former employees, applicants for employment, and some contract employees when filing a complaint of bullying.

It is the policy of the Courts Anti-Bullying Policy # 420, that all employees have a work place free from bullying. Conduct that constitutes bullying is prohibited and will not be tolerated. Each Court employee shall demonstrate appropriate behavior, and treat others with civility and respect.

Information required herein will assist Equal Employment Opportunity (EEO) staff with its determination of the nature and extent of the alleged bullying as defined by the Anti-Bullying policy. Please complete the following form in its entirety and to the best of your knowledge. The completed complaint form is subject to review and acceptance by the Courts' EEO Office.

**1. COMPLAINANT**

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

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

**Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone (h):** \_\_\_\_\_ **(w)** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Position Title/Grade/Step:** \_\_\_\_\_

**CONTACT PERSON IF YOU CANNOT BE REACHED:**

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

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

**City/State/Zip** \_\_\_\_\_

**Phone (h):** \_\_\_\_\_ **(w)** \_\_\_\_\_

**IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:**

**Name** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

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

**2. BASIS OF COMPLAINT**

The basis for which you feel you were bullied

Which of the following would best describe the bullying behavior?

- Unreasonable Job Demands \_\_\_\_\_
- Exclusion and/or isolation \_\_\_\_\_
- Yelling, screaming, use of epithets \_\_\_\_\_
- Unsubstantiated/unwarranted blame for "error" \_\_\_\_\_
- Inconsistent application of rules \_\_\_\_\_
- Insults and put-down \_\_\_\_\_
- Rude and belligerent \_\_\_\_\_

3. ISSUES

What corrective actions, if any, were taken that you believe were initiated as a result of the bullying behavior?

I believe that I have been subjected to Bullying, based on \_\_\_\_\_ (the action complained of; e.g., I was insulted and given unreasonable job demands.). The act(s) complained of occurred on \_\_\_\_\_, 20\_\_\_. I became aware of such actions or their bullying nature on \_\_\_\_\_, 20\_\_.

The specific action(s) I'm complaining about or making reference to occurred as explained herein. [Add or incorporate as many continuation pages as necessary with a narrative of the specific allegation(s)].

4. MANAGEMENT/OFFICIAL INVOLVED [Court Employees Only]

Division: \_\_\_\_\_ Branch: \_\_\_\_\_

Division Head: \_\_\_\_\_

Branch Chief: \_\_\_\_\_

Responsible Management Official(s)/Co-worker(s) - Person Taking Action:

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

Position Title: \_\_\_\_\_

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

5. WITNESSES

List who you feel can corroborate your experience and provide evidence in your support.

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

Title: \_\_\_\_\_

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

What s/he can attest to:

\_\_\_\_\_

\_\_\_\_\_

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

Title: \_\_\_\_\_

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

What s/he can attest to:

\_\_\_\_\_

\_\_\_\_\_

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

Title: \_\_\_\_\_

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

What s/he can attest to:

\_\_\_\_\_

\_\_\_\_\_

The Courts provide alternative dispute resolution through its Employee Mediation Program. Mediation is a process in which an acceptable, impartial, third party attempts to assist disputing parties toward a mutual settlement. A mediator is assigned as a neutral third party to assist disputants in reaching a mutually acceptable resolution to their problem. The mediation process is not mandatory. However, if both parties agree to engage in the mediation process, it can prove to be a quick and efficient way to assist disputing parties design solutions to their own problems.

**Please Note:** In the event the Investigation reveals that your complaint should be dismissed, you will receive a letter explaining the reasons for dismissal. The Courts' practice also requires the EEO Office to send a copy of the dismissal notice to the Respondent.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**Acknowledgement**

I, \_\_\_\_\_, having read the above, state that the responses contained herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant

SUBSCRIBED AND SWORN to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or EEO Officer

My commission Expires: \_\_\_\_\_.