

**Office of Human Resources
WORKPLACE VIOLENCE COMPLAINT FORM**



College regulations provide a system-wide procedure to file complaints alleging violations of the Santa Monica College (SMC) Workplace Violence Policy, which also addresses bullying. Please fill in all of the information requested below as completely as possible and attach additional pages to the form, if necessary.

“Bullying” is any habitually cruel, hostile behavior perpetrated upon individuals or groups for the purpose of intimidation. This behavior may result in physical and/or emotional distress to the target of such acts and has the potential to lead to violent outcomes. **(Santa Monica College Board Policy 3510, June 5, 2018).**

1. Person Reporting Incident:

Last Name: _____ First Name: _____ MI: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Email Address: _____ Personal Email Address: _____

☐ Student ☐ Employee ☐ Other. Please specify _____

☐ Student/Employee Number: _____

2. Person Who Allegedly Was Bullied (If different from 1):

Last Name: _____ First Name: _____ MI: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Email Address: _____ Personal Email Address: _____

☐ Student ☐ Employee ☐ Other. Please specify _____

☐ Student/Employee Number: _____

3. Person Who Allegedly Committed Act(s) of Violence:

Name	Relationship with College	Relationship with You

4. Incident Description (Describe the incident(s), dates(s), time(s), and locations giving rise to the complaint. Attach additional pages, if necessary):

5. Witnesses:

Last Name	First Name	Position/Job Title	Contact Number(s)	E-Mail address

6. Desired Resolution/Outcome:

7. If you have any documents or electronic communications, including text message(s) or email(s) that support your complaint, please list below and attach the document(s):

I CERTIFY THAT THE INFORMATION IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR BELIEF.

Signature _____ **Date** _____

FOR DISTRICT USE ONLY

Date Complaint Received _____ Received by _____ Signature _____
Print Name of HR Rep. *Signature of HR Rep.*

**Send Original to Santa Monica College District Office
Office of Human Resources
1900 Pico Blvd.
Santa Monica, CA, 90405**