

Bullying Incident Report

Date: [Insert Date]

To: Human Resources Department

From: [Your Name]

Subject: Bullying Incident Report

Incident Details

Date of Incident: [Insert Date of Incident]

Time of Incident: [Insert Time]

Location: [Insert Location]

Involved Parties:

- Victim: [Insert Victim's Name]
- Perpetrator: [Insert Perpetrator's Name]
- Witnesses: [Insert Witnesses' Names, if any]

Description of Incident

[Provide a detailed description of the bullying incident, including what was said or done, the context, and any relevant background information.]

Impact

[Describe how the incident has affected you or the victim, including emotional, psychological, or physical consequences.]

Request for Action

[Specify what actions you would like HR to take in response to the incident, such as an investigation, mediation, or other support.]

Contact Information

Email: [Your Email]

Phone: [Your Phone Number]

Thank you for your attention to this matter.

Sincerely,
[Your Name]