Sample School Workplace Bullying Survey

Bullying is defined as repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It can take the following forms: verbal/non-verbal abuse and threatening, humiliating of offensive behavior/actions and work interference/sabotage, which prevents work from getting done.

The union is conducting this survey to find out your perceptions of workplace bullying within _____. All responses will be treated strictly confidential. The results will be used to specifically tailor training materials based on the experiences reported.

- 1. Job Title: ______
- 2. Unit: _____
- 3. Workplace: _____
- 4. Please rate the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The principal, supervisor and/or administrators treat staff with respect					
Staff members treat each other with respect					
Staff members work with supervisors and/or administrators and colleagues to achieve goals					
The principal, supervisor and/or other administrators consistently promote the values and aims of the school and enforce relevant school policies					
The principal, administrators and supervisors are supportive of school staff when they seek help and assistance					

Over the last year, have you or a colleague been a target of any of the following? If yes, how often? (Check all that apply)

	Not Applicable	Once	Monthly	Weekly	Daily
Excessive or harsh criticism in front of colleagues, parents, or students					

Attacks on your professional or personal conduct			
Butt of personal jokes			
"put down" type insults			
Overload in assignments or unreasonably heavy work demands			
False accusations of mistakes or errors			
Hostile glares or intimidating non-verbal behaviors			
Routine exclusion from important communication or meetings			
Yelling, shouting, or screaming			

- 6. If you checked any of the above, who was the source of the bullying? (Check all that apply)
 - a. Principal
 - b. Supervisor
 - c. Administrator
 - d. Colleague or Co-worker
 - e. Parent
 - f. Student
 - g. Other: _____

- 7. If you have checked any of the above, have you sought help from (check all that apply):
 - a. Colleagues or co-workers
 - b. Union building representative
 - c. Union leadership
 - d. Administrators
 - e. Friends, family members
 - f. Healthcare provider
 - g. Employee assistance program
- 8. If you have checked any of the above, did you or someone else report what happened?
 - a. Yes
 - b. No
 - c. Don't know
- 9. If yes, to whom was it reported? (check all that apply)
 - a. Principal
 - b. Supervisor
 - c. Other administrator
 - d. Other: _____
- 10. Was any corrective action taken by administration?
 - a. Yes
 - b. No
 - c. Not Sure
- 11. If yes, was the corrective action effective in stopping further bullying?
 - a. Yes
 - b. No
 - c. Not Sure
- 12. Have you missed any work due to bullying on the job?
 - a. Yes
 - b. No
- 13. To the best of your knowledge, have any of your colleagues missed work due to bullying on the job?
 - a. Yes
 - b. No
 - c. Not Sure

14. Please share your story, if you have one. Also, please share any other details and/or comments/ concerns you'd like us to know about.

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Thank you for taking the time to complete this survey.