



WORKPLACE BULLYING AND HARASSMENT INVESTIGATION FORM

Name of complainant	
Name of respondent (alleged harasser)	
Date	Location
Name of investigator	

Person interviewed	Other people involved (e.g., alleged harasser, witnesses)	Description of the situation (dates, words, actions, etc.) and impact (e.g., humiliated, intimidated)

Based on the investigation, did workplace bullying and harassment occur?

Yes No

Reason(s) for this conclusion

Please note: If in doubt, follow the dispute resolution format

Access to this Policy will be provided to all members.

Date created December 1, 2014	Review date January 20, 2015	Date approved January 25, 2015
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