



## Workplace Bullying and Harassment Investigation Form

<b>Name of complainant:</b>	
<b>Name(s) of respondent/alleged bully:</b>	
<b>Date:</b> (mm/dd/yy)	<b>Location:</b>
<b>Name of investigator:</b>	

Person interviewed	Other people involved (e.g., alleged bully, 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:**

Provide a copy of this completed investigation to:

- Supervisor/Principal
- Director of Human Resources
- Secretary-Treasurer