Form 409-2

Clear Form

qathet School District

Workplace Bullying and Harassment Investigation Form

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

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