



## Workplace Bullying and Harassment Investigation Form

<b>Name of complainant</b>		
<b>Name of respondent(s)</b>		
<b>Name of Investigator</b>		
<b>Date</b>	<b>Location</b>	
Person Interviewed	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 <input type="checkbox"/> No <input type="checkbox"/>		

Reasons for this Conclusion:

**Signature**

**Date**