Bullying and Harassment Investigation Form

Employer information

Clinic name:		Investigation start date:	
Investigator in	ormation		
Name(s):			
Job position:		Date:	

Document review

List all documentation reviewed (emails, notes, photographs, etc.)		

Interviews

Person interviewed: (name, position)	Interview date:	
Situation description: (including dates, language, actions, and reported/ observed impact)		
Person interviewed: (name, position)	Interview date:	
Situation description: (including dates, language, actions, and reported/ observed impact)		







Interviews continued

Person interviewed: (name, position)	Interview date:	
Situation description: (<i>including dates, language, actions, and reported/</i> <i>observed impact</i>)		

Outcomes

Based on the investigation, did workplace bullying and harassment occur?	Yes	No
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Reason(s) for this conclusion:

Follow up with the complainant
(training opportunities, and support to provide to affected worker)

Interviewer signature:		Date:	DD / MM / YYYY
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