

Interviews continued

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

Outcomes

Based on the investigation, did workplace bullying and harassment occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason(s) for this conclusion:

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

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Interviewer signature:		Date:	DD / MM / YYYY
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COMPLETED