# **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

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







# Interviews continued

<b>Person interviewed:</b> (name, position)	Interview date:	
<b>Situation description:</b> ( <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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