

# Bullying and Harassment Investigation Form

## Employer information

Clinic name:		Investigation start date:	DD / MM / YYYY
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## Investigator information

Name(s):			
Job position:		Date:	DD / MM / YYYY

## Document review

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

## Interviews

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

## Interviews continued

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

## Outcomes

<b>Based on the investigation, did workplace bullying and harassment occur?</b>	<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)*

<b>Interviewer signature:</b>		<b>Date:</b>	DD / MM / YYYY