

Workplace Bullying or Harassment Complaint Form

Name of person making the complaint:		Company:
Name of person complaint is against:		Company:
Date of complaint:	Location:	
Date of investigation:	Person(s) investigating:	

Person interviewed	Other people involved (e.g., alleged bully, 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 No

Reason(s) for this conclusion

Supervisor/Manager Signature: _____ Date: _____

Copies: person making complaint, manager,