

HepCBC Bullying & Harassment Incident Investigation Form

For use by Board Member or Operations Manager who is investigating any incidence of bullying or harassment. Please submit this report as soon as possible to Board for action on the findings. Additional resources and an explanation of legal duties can be found at www.worksafebc.com/bullying/.

Name of complainant	
Name of respondent/alleged bully	
Date	Location
Name of investigator	

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