

EMPLOYEE HARASSMENT INVESTIGATION FORM
(For Administration Use)

(Attach additional sheets if necessary)

Name: _____

Date: _____

Employee: _____

Supervisor: _____

Address: _____

Phone Number: _____

1. What happened? (Objectively state details)

2. Who was involved? (Include witnesses)

3. Where did it take place?

4. When did it take place? (Date and time)

5. Does this situation constitute a complaint? (Policy violation, unjust treatment, other management decision)

6. Dates of investigation of complaint:

NOTE: This exhibit was provided by the district (Sexual Harassment Investigation Form – no approval date). I revised the title by deleting “Sexual” so it can be used with any harassment complaint. It appeared to be for use by employees only. If the district uses this form for students also, it should be revised and included in Series 400 as well (code 411.1-Exhibit(2)). (WASB – 1/00)