

Summary Report of Investigation

GRIEVANCE (INC. HARASSMENT & BULLYING) COMPLAINT SUMMARY REPORT OF INVESTIGATION

To:

[Insert Name & Job Title]

From:

Investigator

Date:

IN STRICTEST CONFIDENCE

Complainant's Name	
Complainant's Job Title	
Complainant's Location	
Date Complaint Raised	/ /
Subject of Grievance's Name	
Subject of Grievance's Job Title	
Subject of Grievance's Office of Work	
Investigating Manager	
Investigating Manager's Job Title	
Date investigations commenced	/ /
Other witnesses interviewed	Please provide initials and not full names in the report