



Respectful Working & Learning Environments Summary Form

F 2-20-D

Name of Person Completing Summary:	
Position & School/Department (if applicable):	
Telephone:	Email:
Name(s) of District Office Personnel involved (if any):	
1. Attach copies of Complaint and Response Forms, and any minutes pertinent to the case.	
2. Give a detailed account of the investigation. Provide date(s), time(s), location(s), person(s) involved in interviews and any new relevant information gained through this process.	
3. Correct or describe further any item(s) in the complaint found to be incorrect or incomplete.	
4. Describe any resolutions to the allegation(s).	
5. Describe disciplinary action (if any) to be taken.	
I agree not to discuss or disclose any aspect of this complaint or the proceedings, except as required by the investigative process or in response to any legal requirement.	
Signature of Investigator:	Date:

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act Section 33 (c). For further information, you may call the Principal or FOIP Coordinator at 780-674-8500.

Copy 1 – Complainant Copy 2 – District Office Copy 3 – School/Department Copy 4 – Respondent