

INCIDENT INVESTIGATION – For Administration Use Only

1. Investigator(s): _____ Position: _____

2. Interviews:

☐ Interviewed Reporter Name: _____ Date: _____

☐ Interviewed Witnesses Name: _____ Date: _____

Name: _____ Date: _____

☐ Interviewed Staff Name: _____ Date: _____

3. Any prior documented incidents of the same nature? ☐ Yes ☐ No

If yes, have incidents previously been substantiated? ☐ Yes ☐ No

Any previous disciplinary action taken? ☐ Yes ☐ No

If yes, explain: _____

Summary of Investigation (Attach additional pages/documentation if necessary):

CONCLUSIONS FROM INVESTIGATION

1. Incident substantiated : ☐ Yes ☐ No

2. Action Taken:

☐ None ☐ Verbal Warning ☐ Written Reprimand ☐ Other: _____

3. Staff Member Signature: _____ Date: _____

***I understand that my signature verifies receipt and knowledge of this complaint not agreement with the complaint, investigation, or outcome.

4. Follow-up: ☐ Phone Call to Complainant: Completed Date: _____

☐ Meeting with Complainant: Completed Date: _____

Report Forwarded to Superintendent's Office: Name/Title: _____

Signature: _____ Date: _____