

## Department Investigation

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Department \_\_\_\_\_

Investigation Supervisor \_\_\_\_\_

Date of Incident \_\_\_\_\_

Allegation/Summary of Incident

Employee Statements

Witness Statements

Findings (Include Violations)

Investigating Supervisor \_\_\_\_\_  
Signature Date

Agency Head \_\_\_\_\_  
Signature Date

Discipline Needed  Yes  No