



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

Location \_\_\_\_\_

Name of Employee(s) Involved \_\_\_\_\_

\_\_\_\_\_

**Witnesses:**

Name	Address	Phone
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Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Time \_\_\_\_\_

Received By \_\_\_\_\_

Investigated By \_\_\_\_\_

Start Date of Investigation \_\_\_\_\_ Completion Date \_\_\_\_\_

**Disposition:**

\_\_\_\_\_ Sustained \_\_\_\_\_ Not Sustained \_\_\_\_\_ Unfounded \_\_\_\_\_ Exonerated

\_\_\_\_\_ Other, Explain \_\_\_\_\_

**If Sustained, The Following Action Was Taken:**

\_\_\_\_\_ **Oral Counseling** \_\_\_\_\_ **Letter of Reprimand** \_\_\_\_\_ **Other**

**Explain:** \_\_\_\_\_  
\_\_\_\_\_

**Chief's Signature** \_\_\_\_\_

**Assistant Superintendent** \_\_\_\_\_

**Human Resources** \_\_\_\_\_

**Superintendent** \_\_\_\_\_

**PBIS (If Applicable)** \_\_\_\_\_