Administrator: _____

Complaint Documentation Form

Employee/Interviewee Name: _____ Initial Report Date: _____

Position: _____ Location: _____

Concern: _____

_____

_____

Action requested by employee: _____

_____

_____

Date of meeting: _____

Action Taken

Level I

☐ Resolved during initial meeting

　　Describe resolution: _____

_____

_____

　　Describe any follow up required: _____

_____

　　Describe notification to employee: _____

_____

☐ Further action required

　____ Next scheduled meeting with employee – Date/time: _____

　____ Describe action taken: _____

_____

_____

_____

　　Where is supporting documentation located?_____

Level II

　____ Reported to Human Resources on (date): _____

　　Administrator contacted: _____

Investigation Checklist Form

Administrator: _____

Employee/Interviewee: _____

Date of Interview: _____

Time started: _____ Time ended: _____

For review at the BEGINNING OF THE INTERVIEW:

___	Thank employee for coming forward and assure him/her that the complaint will be taken seriously and investigated.

___	Explain that you are a neutral investigator who will be conducting interviews and gathering facts.

___	Explain the need for confidentiality about what is said during the interview. Be assured the investigator will also maintain confidentiality.

___	Explain the interviewee is protected against retaliation for making a good faith complaint or for participating in an investigation, as per DP358 – Employee Discrimination and Harassment.

___	Caution against retaliating against complaining party or anything that could lead to that appearance, including engaging in any investigation on his/her own. In addition, the investigator may review harassment or other relevant policies with an employee who is the subject of complaint or concerns as needed.

For review at the END OF THE INTERVIEW:

___	Inform the interviewee not to assume because he/she isn't aware of any disciplinary action, etc. that none was taken – Personnel matters are confidential.

___	Ask the interviewee if he/she has any additional information you should know in order to make a fair determination.

Administrator: _____   OPTIONAL

Location: _____

Documentation Log

Initial Report Date	Employee Reporting Issue	Concern(s)	Date Concluded	Action