Complaint Investigation Report

**TO GATHER ALL FACTS FROM ALL INVOLVED PARTIES**

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| **Employee #1**  Name: Date:  Title / Rank: Time:  Other Involved Employee:  Other Involved Employee:  Other Involved Employee:  Other Involved Party:  Other Involved Party:  Other Involved Party:  Statement: |

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| **Employee #2**  Name: Date:  Title / Rank: Time:  Statement: |

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| **Employee #3 (if applicable)**  Name: Date:  Title / Rank: Time:  Statement: |

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| **Employee #4 (if applicable)**  Name: Date:  Title / Rank: Time:  Statement: |

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| **Involved Party #1 (if applicable)**  Name: Date:  Title / Rank: Time:  Statement: |

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| **Involved Party #2 (if applicable)**  Name: Date:  Title / Rank: Time:  Statement: |

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| **Involved Party #3 (if applicable)**  Name: Date:  Title / Rank: Time:  Statement: |

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| **Supervisor Comments:** |