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:** |