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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-A (R9/2019)  § 230.34 & § 111.80, Wis. Stats. | | | |  | | | | | |  | | |
| **EMPLOYEE INVESTIGATION REPORTS**  **FIRST REPORT OF POTENTIAL WORK RULE VIOLATION** | | | | | | | | | | | | |
| This form shall be utilized to document initial allegations of work rule violations and to initiate a formal investigation. The completed form must be submitted to Human Resources. | | | | | | | | | | | | |
| **THIS SECTION TO BE COMPLETED BY SUPERVISOR OR HUMAN RESOURCES STAFF** | | | | | | | | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | | | | | JOB TITLE OR CLASSIFICATION  [Classification] | | | | AGENCY / DIVISION / WORK UNIT | |
| INCIDENT DATE(s):  [Incident Date(s)] | | | INCIDENT TIME(s) | | | | | | EMPLOYEE STATUS  Permanent  Probationary  LTE | | | |
| BRIEF DESCRIPTION OF INCIDENT(s) *(who, what, where, when and why, if known)* attach related documents*.* | | | | | | | | | | | | |
| WITNESSES AND/OR POTENTIAL WITNESSES | | | | | | | | | | | | |
| NAME OF PERSON REPORTING ALLEGATION | | | | | | CLASSIFICATION | | | | | DATE OF REPORT | |
| ADDITIONAL INFORMATION AND/OR EVIDENCE | | | | | | | | | | | | |
| **THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES STAFF** | | | | | | | | | | | | |
| SPECIAL CONSIDERATIONS / ACTIONS IF NECESSARY | | TEMPORARY REASSIGNMENT | | | ADMINISTRATIVE LEAVE WITH PAY | | | ADMINISTRATIVE LEAVE WITHOUT PAY | | | | NO CHANGE |
| OTHER: | | | | | | | | | | |
| CONDUCT INVOLVES POSSIBLE CRIMINAL VIOLATION(S) | | | | | | | | | | | | |
| OTHER: | | | | | | | | | | | | |
| EMPL ID: | EXEMPT  NON-EXEMPT | | | | | SENIORITY DATE: | | | CASE NUMBER (If applicable): **[Case Number]** | | | |
| NAME(S) OF ASSIGNED INVESTIGATORS: | | | | | | | | | | | | |



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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-B (C12/2018)  § 230.34 & § 111.80, Wis. Stats. | | |  | | CASE NUMBER (If applicable):  **[Case Number]** | |
| **EMPLOYEE INVESTIGATION REPORTS**  **INVESTIGATION CHRONOLOGICAL LOG** | | | | | | | |
| **INVESTIGATOR INSTRUCTIONS:** | | This form is to document the chronological sequence of events beginning with the initiation of the investigation. Record all interviews, meetings, and other significant events of the investigation. | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | | JOB TITLE OR CLASSIFICATION  [Classification] | | INCIDENT DATE(s):  [Incident Date(s)] | |
| DATE | DESCRIPTION OF EVENT | | | | | | |
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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-C (C12/2018)  § 230.34 & § 111.80, Wis. Stats. | | |  | | | CASE NUMBER (If applicable):  **[Case Number]** | | |
| **EMPLOYEE INVESTIGATION REPORTS**  **INVESTIGATORY INTERVIEW** | | | | | | | | |
| **INVESTIGATOR INSTRUCTIONS:** | | Document the content of an investigatory meeting with an individual interviewed as part of an employee investigation. | | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | | | | | INCIDENT DATE(s):  [Incident Date(s)] | |
| NAME OF INTERVIEWEE (Last Name, First Name, M.I) | | | | JOB TITLE OR CLASSIFICATION | INTERVIEWEE STATUS  Subject  Witness | | INTERVIEW DATE | TIME |
| REPRESENTATIVE PRESENT (Last Name, First Name) | | | | INVESTIGATORS NAMES (Last Name, First Name) | | | | |
| REVIEW EACH OF THE FOLLOWING INFORMATION AS INDICATED WITH THE EMPLOYEE AND CHECK EACH BOX UPON COMPLETION | | | | | | | | |
|  | FOR WITNESS INTERVIEWS: BEGIN THE MEETING BY REVIEWING THE FOLLOWING:   * Inform the employee the purpose of the meeting is to investigate allegations of misconduct in the work place * State they are required by work rule 1 to answer fully and completely the questions put to them, to the best of their ability; and if they refuse to answer they may be disciplined for that refusal. * Ask if they have any questions before beginning. | | | | | | | |
|  | FOR SUBJECT INTERVIEWS: BEGIN THE MEETING BY REVIEWING THE FOLLOWING WITH THE EMPLOYEE:   * Inform the employee the purpose of the meeting is to investigate. * State no decision will be made until all the facts of the investigation are considered. * State the employee is required by work rule 1 to answer fully and completely the questions put to them, to the best of their ability; and if they refuse to answer they may be disciplined for that refusal in addition to any other discipline, which may be imposed for other conduct. * As appropriate, state either:   + These proceeding will be recorded, or;   + These proceedings are not to be recorded. If it is found you have recorded this meeting, you will be in violation of work rule 11, which prohibits unauthorized recording. * (FOR SUBJECT WITHOUT A REP) Remind the subject the investigatory meeting notice included the right to have a representative; since one is not present, you assume they would like to proceed without one and note it in the REPRESENTATIVE PRESENT box above. * Ask if they have any questions about these guidelines before beginning. | | | | | | | |
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|  | For potential criminal investigations – read and complete form DOA-15807-G – Investigations Involving Criminal Matters (Garrity / Oddsen Warning) | | | | | | | |
| **CONTENT OF INTERVIEW –** *Interviews and notes are conducted in Question and Answer format.* | | | | | | | | |
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| CLOSE THE MEETING BY REVIEWING THE FOLLOWING WITH THE EMPLOYEE:  FOR WITNESS INTERVIEW: END THE MEETING BY REVIEWING THE FOLLOWING:   * Thank them for answering questions * State that for the integrity of the investigation we ask they keep the information for the investigation confidential.   FOR SUBJECT INTERVIEW: END THE MEETING BY REVIEWING THE FOLLOWING:   * State we are concluding the meeting; retaliation against witnesses because they participated or you believe they participated in this investigation is prohibited and subject to discipline. * Inform the employee the State of Wisconsin provides an Employee Assistance Program. Provide the vendor web address, phone number or provide a brochure. * state the employee will be notified of the next steps in the process after the information is reviewed * State they are encouraged to keep the information that was discussed confidential in order to maintain the integrity of the investigation. | | | | | | | | |

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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-D (C12/2018)  § 230.34 & § 111.80, Wis. Stats. | |  | | CASE NUMBER (If applicable):  **[Case Number]** | |
| **EMPLOYEE INVESTIGATION REPORTS**  **SUMMARY OF INVESTIGATION FINDINGS** | | | | | | |
| **INVESTIGATOR INSTRUCTIONS:** | | Summarize the findings and conclusions of the investigation. Attach all supporting documentation. | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | | JOB TITLE OR CLASSIFICATION  [Classification] | | INCIDENT DATE(s):  [Incident Date(s)] |
| SUMMARY OF CONDUCT (Report facts only – no opinions or recommendations) | | | | | | |
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| **POTENTIAL WORK RULE(S) VIOLATED** | | | | | | |
| **WORK RULE #** | | **WORK RULE AND SUPPORTING SPECIFIC FACTUAL INFORMATION/ DOCUMENTATION** | | | | |
| Choose an item. | |  | | | | |
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| **POTENTIAL SERIOUS MISCONDUCT** | | | | | | |
| **SERIOUS MISCONDUCT #** | | **SERIOUS MISCONDUCT** | | | | |
| Choose an item. | |  | | | | |
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| **POTENTIAL POLICY(IES) VIOLATED** | | | | | | |
| **POLICY #** | | **POLICY** | | | | |
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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-E (C12/2018)  § 230.34 & § 111.80, Wis. Stats. | | | |  | | | CASE NUMBER (If applicable):  **[Case Number]** | |
| **EMPLOYEE INVESTIGATION REPORTS**  **PRE-DISCIPLINARY MEETING** | | | | | | | | |
| **INSTRUCTIONS:** | Document the content of the pre-disciplinary meeting and any exhibits provided. | | | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | | | JOB TITLE OR CLASSIFICATION  [Classification] | | | INCIDENT DATE(s):  [Incident Date(s)] |
| **PRE-DISCIPLINARY** | | | | | | | | |
| INTERVIEW DATE | | TIME | EMPLOYEE REPRESENTATIVE PRESENT (Last Name, First Name) | | | MANAGEMENT REPRESENTATIVE NAMES (Last Name, First Name) | | |
| BEGIN THE MEETING BY REVIEWING THE FOLLOWING WITH THE EMPLOYEE:   * (IF NO REP PRESENT) Remind the subject the pre-disciplinary notice included the right to have a representative; since one is not present, you assume they would like to proceed without one and note it in the REPRESENTATIVE PRESENT box above. * As appropriate state either:   + These proceeding will be recorded, or;   + These proceedings are not to be recorded. If it is found you have recorded this meeting, you will be in violation of work rule 11, which prohibits unauthorized recording. * Ask if there are any questions about these guidelines before beginning. * Inform the employee of management’s assessment of the essential facts which resulted in the finding a work rule violation occurred. * Ask the employee if there any mitigating factors to consider? * For potential criminal investigations – review the previously completed form DOA-15807-G – Investigations Involving Criminal Matters (Garrity / Oddsen Warning) | | | | | | | | |
| **EMPLOYEE RESPONSE** | | | | | | | | |
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| CLOSE THE MEETING BY REVIEWING THE FOLLOWING WITH THE EMPLOYEE:   * State the meeting is concluded and retaliation against witnesses who participated or believed to have participated in this investigation is prohibited and subject to discipline. * State the State of Wisconsin provides an Employee Assistance Program. Provide vendor web address, the phone number or provide a brochure. * Inform the employee they will be notified after the information is reviewed and a final decision is made. | | | | | | | | |

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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-F (C12/2018)  § 230.34 & § 111.80, Wis. Stats. | |  | | CASE NUMBER (If applicable):  **[Case Number]** | | | |
| **EMPLOYEE INVESTIGATION REPORTS**  **FINAL CONCLUSION** | | | | | | | |
| **INSTRUCTIONS:** | To be completed by Human Resources staff. Provide the final conclusion below. Attach all supporting documentation. | | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | JOB TITLE OR CLASSIFICATION  [Classification] | | | | INCIDENT DATE(s):  [Incident Date(s)] |
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| PRIOR DISCIPLINES AND / OR NOTICE (job instruction, Letter of Expectation, etc.) | | | | | | | |
| Effective Date | Description & work rules (if applicable) | | | | | Disposition | |
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| DESCRIPTION OF FINAL CONCLUSION: | | | | | | | |
| COMPLETED BY: | | | | | DATE: | | |

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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-G (C12/2018)  § 230.34 & § 111.80, Wis. Stats. | | |  | | | CASE NUMBER (If applicable):  **[Case Number]** | |
| **EMPLOYEE INVESTIGATION REPORTS**  **INVESTIGATIONS INVOLVING CRIMINAL MATTERS** | | | | | | | | |
| **INSTRUCTIONS:** | | | HR determines appropriate option below. Investigator will read designated option aloud to employee prior to conducting the investigatory interview and obtain appropriate signatures. | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | | | | JOB TITLE OR CLASSIFICATION  [Classification] | | |
| **Investigations into conduct which may constitute a crime as well as a dischargeable offense, neither a public employee’s statements nor refusal to answer will be allowed as grounds for discharge where he or she is required to answer the questions, unless the employee has been warned that their statements cannot be used against him or her in criminal proceedings.** | | | | | | | | |
| **CHECK ONE OPTION BELOW** | | | | | | | | |
| **NOTICE OF RIGHTS** | | | | | | | | |
| This is an administrative investigatory interview. Staff has the right to personal representation. The results of this interview will be used for employment purposes. This is not a criminal investigation but since the work rules prohibit illegal conduct, inquiry into illegal acts may be pursued to determine whether there has been a work rule violation. The charges involved here are serious and may involve future criminal charges. | | | | | | | | |
|  | | **Require answers from the employee:**  You are required to answer all questions truthfully and completely to the best of your ability. If you refuse to answer, you may be disciplined for that refusal, in addition to any other discipline which may be imposed for other misconduct. Any information or evidence you furnish in response to questions asked of you during this interview, or any information or evidence which is gained by reason of your answers, may not be used against you in criminal proceedings. | | | | | | |
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|  | | **Employee’s choice to remain silent or answer questions:**  This is not a criminal investigation, but inquiry into illegal acts might be pursued to determine whether there has been a work rule violation. The allegation(s) involved here are serious and may involve future criminal charges. Management is not going to require you to make any statement or answer any questions at this time. Therefore, if any answer or statement you give during this interview could be self-incriminating, it could be used against you in a criminal prosecution. If you choose not to answer questions or make a statement, management will make a decision based on those facts and sources of information available to it. | | | | | | |
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| SUBJECT OF INVESTIGATION SIGNATURE | | | | | | | | DATE SIGNED: |
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| PRINT/TYPE INVESTIGATOR NAME (Last Name, First Name of each) | | | | | | | | |
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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-H (C12/2018)  § 230.34 & § 111.80, Wis. Stats. | |  | | CASE NUMBER (If applicable):  **[Case Number]** | |
| **EMPLOYEE INVESTIGATION REPORTS** **EVIDENCE LOG** | | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | | JOB TITLE OR CLASSIFICATION  [Classification] | | INCIDENT DATE(s):  [Incident Date(s)] |
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| EXHIBIT NUMBER | | DESCRIPTION | | | | |
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