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| State of WisconsinDepartment of Administration Division of Personnel ManagementDOA-15807-A (R12/2023)§ 230.34 & § 111.80, Wis. Stats. |  |  |
| EMPLOYEE INVESTIGATION REPORTSFIRST 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 CLASSIFICATIONClassification | AGENCY / DIVISION / WORK UNITAgency/Division/Work Unit |
| INCIDENT DATE(s):Incident Date(s) | INCIDENT TIME(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 ALLEGATIONPerson Reporting Allegation | CLASSIFICATIONClassification | DATE OF REPORTDate of Report |
| ADDITIONAL INFORMATION AND/OR EVIDENCEAdditional Information |
| **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: Other |
| [ ]  CONDUCT INVOLVES POSSIBLE CRIMINAL VIOLATION(S) |
| [ ]  OTHER: Other |
| EMPL ID: Empl ID | [ ]  EXEMPT [ ]  NON-EXEMPT | SENIORITY DATE: Seniority Date | CASE NUMBER (If applicable): **[Case Number]** |
| NAME(S) OF ASSIGNED INVESTIGATORS: Assigned Investigators |

