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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-A (R12/2023)  § 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  Agency/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 ALLEGATION  Person Reporting Allegation | | | | | | CLASSIFICATION  Classification | | | | | DATE OF REPORT  Date of Report | |
| ADDITIONAL INFORMATION AND/OR EVIDENCE  Additional 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 | | | | | | | | | | | | |

