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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-B (R12/2023)  § 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)] |

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| DATE | DESCRIPTION OF EVENT |
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