|  |  |  |
| --- | --- | --- |
| State of WisconsinDepartment of Administration Division of Personnel ManagementDOA-15807-B (R12/2023)§ 230.34 & § 111.80, Wis. Stats. |  | CASE NUMBER (If applicable): **[Case Number]** |
| EMPLOYEE INVESTIGATION REPORTSINVESTIGATION 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  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |