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