

CLOVIS MUNICIPAL SCHOOLS INVESTIGATIVE REPORT

Date of Investigation:

Employee name:

Position (of person being investigated):

Name of School/Site:

Supervisor (Name of Person Reporting):

TIME	INVESTIGATIVE DETAILS
Date Time	Description of the incident or reported misconduct
Date Time	Steps taken to investigate: such as, who was interviewed and when, overview of statements with necessary details.
Date Time	Report to Executive Director/Director of Human Resources
Date Time	Final outcome