





List all actions taken as a result of this investigation.

**Official(s) conducting Investigation**

Date \_\_\_\_\_

Name \_\_\_\_\_

Title/Dept. \_\_\_\_\_

Name \_\_\_\_\_

Title/Dept. \_\_\_\_\_

\*Provide a narrative summary of your Investigation. If needed, indicate summary is continued on a separate sheet and attach to this form. Attach copies of any relevant documents, e.g. statements of persons contacted. Forward completed report and investigative materials required by HUM-P019 to Chief Human Resources Officer. Maintain a copy of the report for your records.

Summary continued on separate sheet? Yes\_\_\_\_\_ (If yes, attach to this form) No\_\_\_\_\_