



Investigator's Incident and Corrective Action Report

STRICTLY CONFIDENTIAL

Date:	Project/Location:
Complainant's Name:	Position/Trade Classification:
Name(s) of Supervision:	Position Held:
Respondent's Name:	Date & Time of Incident:

Type of Violation

<input type="checkbox"/> Unprofessional Conduct	<input type="checkbox"/> Harassment <input type="checkbox"/> Bullying <input type="checkbox"/> Cultural Insensitivity <input type="checkbox"/> Discrimination	<input type="checkbox"/> Workplace Violence
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Description of the incident *(Brief and objective review of the facts)*

Detail of Corrective Actions or Discipline Taken

<input type="checkbox"/> Verbal Warning <i>(Document)</i>	<input type="checkbox"/> Written warning	<input type="checkbox"/> Suspension # of days: _____	<input type="checkbox"/> Termination
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Comments:

Employee's Name <i>(Please Print)</i>	Signature	Date
Employer Representative <i>(Please Print)</i>	Signature	Date

cc: Organization/Employee/Employee file

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