**INVESTIGATION CHECKLIST**

**(To be completed by Investigating Officer)**

**SUBJECTS OF INVESTIGATION**

|  |  |  |
| --- | --- | --- |
| **Employee(s) Under Investigation** | **Date Interviewed** | **Date of 2nd Interview (if required)** |
|  |  |  |
|  |  |  |
|  |  |  |

**EMPLOYEE INTERVIEWING PROTOCOLS**

|  |  |
| --- | --- |
|  | Tick Box On Completion |
| Employee Advised of Investigation Brief |  |
| Advised that they may be accompanied |  |
| Advised of Possibility of Disciplinary Hearing |  |
| Advised of Requirement for Confidentiality |  |

**WITNESSES TO INCIDENT/COMPLAINT**

|  |  |  |
| --- | --- | --- |
| **Names of Witnesses(s)** | **Date Interviewed** | **Date of 2nd Interview (if required)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**WITNESS INTERVIEWING PROTOCOLS**

|  |  |
| --- | --- |
|  | Tick Box On Completion |
| Witness Advised of Right to be Accompanied (if appropriate) |  |
| Advised of Possibility of Attendance at Disciplinary Hearing |  |
| Advised of Requirement for Confidentiality |  |

**COMPLETION DETAILS CHECK**

|  |  |
| --- | --- |
| Date Investigation Report Completed & Passed to Nominated Officer |  |
| Relevant Policies/Codes of Practice/ Service Records/ Medical Reports Obtained |  |
| Witness Statement(s) included with Investigation Report |  |