**MLY INVESTIGATION REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INVESTIGATION CONDUCTED BY** |  | **INVESTIGATION DATE** |  | **STORE #** |  |
| **TITLE** |  |

##

## **TOPIC OF INVESTIGATION**

Explain the background and basis of the investigation

|  |
| --- |
|  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

##

## **SUPPORTING EVIDENCE**

List any supporting evidence that was provided and will be attached to this investigation report.

|  |
| --- |
|  |

## **EMPLOYEES TO BE INTERVIEWED**

List all employees who will be interviewed

|  |
| --- |
|   |

## **EMPLOYEE STATEMENTS ATTACHED**

List all employees statements that are attached to this investigation report

|  |  |
| --- | --- |
|   |  |

## **INVESTIGATION CHECKLIST**

**Before beginning investigation:**

* Has your Multi-Unit Manager been notified of this investigation?
* Has the Director of Operations been notified of this investigation?
	+ *Note that the MUM will normally notify the DOO*
* Has this report been reviewed by HR prior to beginning this investigation?

**Upon completion of Investigation:**

* Witness statements have been collected, signed, and dated?
* If applicable, supporting evidence attached to this investigation report
* All documentation, supporting documents, and witness statements have been scanned to HR, Steven Young, and your Multi-Unit Manager

# *I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.*

# SIGNATURES

| INVESTIGATING MANAGER | SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

**EMPLOYEE STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **STATEMENT DATE** |  | **POSITION** |  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

## **RESPONSE TO ALLEGATIONS**

Using your own words, please respond to the allegations above.

|  |
| --- |
|  |

# I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

**EMPLOYEE STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **STATEMENT DATE** |  | **POSITION** |  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

## **RESPONSE TO ALLEGATIONS**

Using your own words, please respond to the allegations above.

|  |
| --- |
|  |

# I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

**EMPLOYEE STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **STATEMENT DATE** |  | **POSITION** |  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

## **RESPONSE TO ALLEGATIONS**

Using your own words, please respond to the allegations above.

|  |
| --- |
|  |

# I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

**EMPLOYEE STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **STATEMENT DATE** |  | **POSITION** |  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

## **RESPONSE TO ALLEGATIONS**

Using your own words, please respond to the allegations above.

|  |
| --- |
|  |

# I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

**EMPLOYEE STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **STATEMENT DATE** |  | **POSITION** |  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

## **RESPONSE TO ALLEGATIONS**

Using your own words, please respond to the allegations above.

|  |
| --- |
|  |

# I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

**EMPLOYEE STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **STATEMENT DATE** |  | **POSITION** |  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

## **RESPONSE TO ALLEGATIONS**

Using your own words, please respond to the allegations above.

|  |
| --- |
|  |

# I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

**EMPLOYEE STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **STATEMENT DATE** |  | **POSITION** |  |

## **ALLEGATIONS**

Describe all allegations that were made

|  |
| --- |
|  |

## **RESPONSE TO ALLEGATIONS**

Using your own words, please respond to the allegations above.

|  |
| --- |
|  |

# I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |