

Blackfeet Tribe
Employee Incident Investigation Report

Employee Name: _____ Employee ID #: _____ Date: _____

Position: _____ Program/ Department: _____ Hire Date: _____

Facts about the Incident

Incident pertained to _____

Name of individual(s) involved in incident: _____

Job Title: _____ Program/ Department _____

Location where incident occurred: _____

Date of incident: _____ Time of incident: _____ a.m. p.m.

Describe the incident in specific detail(include words said, gestures made, if and where physical contact occurred, any other physical actions, objects or weapons used). Include additional sheets if necessary.

Has the person in question been involved in any other incident? Yes No Not Known

If yes, was it reported? Yes No reported to? _____ Date: _____

How was incident handled? _____

Witness (es)

List anyone who saw or heard the incident: _____

Additional information

List anyone, in addition to/ other than the witnesses, who might be able to contribute information to an investigation of this incident. _____

List anyone you know of who also may have been the target of a similar incident: _____

What action, to settle the incident, would satisfy complainant? _____

Meeting Requested by (Please circle)

Personnel Department Employee Other (specify) _____

List all attendees. Attach additional sheets if necessary.

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Purpose of meeting: _____

Resolution

Summary of action taken: _____

- Oral Warning Issued to (attach copy) _____ Date ____________
- Written Warning Issued to (attach copy) _____ Date ____________
- Suspension _____ Date ____________
- Termination _____ Date ____________
- Other _____ Date ____________

Attach copies of any supporting documentation.

Investigating Official _____ Date ____________

Employee signature _____ Date ____________

Employee comments: _____