**F2 - INVESTIGATION FORM**

This form must be strictly factual and not contain any judgment of the actions of those involved.

It is confidential and is only available to the Mediator of a Grievance or Chairperson of a Disciplinary Hearing.

Date: …………………………………………………..

Name of Investigator: …………………………………………….Role:…………………………………………………..

**Nature of Complaint:**

(Attach all statement forms obtained during the investigation)

**Record of investigation:**

Attach additional pages as required.

**Investigator’s Recommendation:**

**\*Delete as appropriate**

\*The Statement and this investigation do not give cause for a Grievance or Disciplinary process to be initiated

\*This complaint should be addressed as a Grievance

\*This complaint may result in Disciplinary Action which should be initiated

Comments:

|  |  |  |
| --- | --- | --- |
|   |  |  |
| *Investigator* |  | *Date* |