

## Formal Investigation Request Form

Please use this form to request a formal investigation after Assistant Superintendent's approval. Attach all relevant documents and statements from Complainant, Respondent and potential witnesses. All information requested *must* be complete prior to submission of the document to Equity and Compliance.

Complainant (Parent, Employee, Student, etc. alleging wrongdoing)								
Name: Employee				loyee ID:				
Position:								
Home Address:								
City:	State:			7	Zip:			
Phone Number:	Home:	Iome: Ce				ell:		
Name of School/Department:								
Incident Information								
Date, time, and location of the alleged incident	Date:		Time:				Location:	
Please provide a <b>brief description</b> of the allegation:								
List of Possible Witnesses:								
Is video footage available?	YES □		NO □	DV	DVR:		Camera:	
Was the CCPS Police Department notified?		YES □		NO □				
Was a DFCS referral made?		YES □		NO □				
Date Assistant Superintendent approved investigation (if applicable)	Date:							
Respondent (Person accused of the wrongdoing)								
Name: Employee				loyee ID:				
Position:								
Home Address:								
City:	State:	State:				Zip:		
Phone Number:	Home:	Cel						
Name of School/Department:								