

Investigative Report of Alleged Employee Misconduct (IRAEM)

Report Taken By:			Date Reported:
Respondent's Information			
Accused Employee:			School/ Work Site:
SSN (Last 4 digits):			Position:
Date of Birth:			Hire Date:
Length of Service:			Tenure Status: Yes No
Complainant(s) Information			Witness(es) Information
Name/Grade Level or Position (Example: Doe, John /5th Grade)			Name/Grade Level or Position (Example: Doe, Jane/Campus Advisor)
(Example: Boe, John / Stri Grade)			Example: Doc, June, Campus Advisory
Statements Received? (Witnesses, Accused, Victim)	Yes	No	
Assistant Superintendent or	V		
Dept. Head Contacted?	Yes	No	Name:
Law Enforcement Contacted?	Yes	No	Agency:
DCF Contacted?	Yes	No	Name and Incident #:
Parent/Guardian Contacted?	Yes	No	Name:

Revised: 2/2023

Owner: Professional Standards

Form# 2008-067 Print Locally



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<u>Supplemental Incident Information</u> : (who, what, where, when, how, and why) Use additional paper if needed.			

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