

**Investigation Report and Decision**

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| **SCHOOL/DEPARTMENT:** | | | Enter school/department name | | | | | |  |
| Complainant: | Enter name | | | | | | | Home Address: | | Enter address | | | | |
| Home/Mobile Phone: | | | Enter # | | Work Phone: | | | | Enter # | | Email: | Enter email | | |
| Parent Name: | | Enter name | | | | Phone: | | | Enter # | | Email: | Enter email | | |
| Respondent: | | Enter name | | | | | | Home Address: | | Enter address | | | | |
| Home/Mobile Phone: | | | Enter # | | Work Phone: | | | | Enter # | | Email: | Enter email | | |
| Parent Name: | | Enter name | | | | Phone: | | | Enter # | | Email: | Enter email | | |
| Respondent: | | Enter name | | | | | | Home Address: | | Enter address | | | | |
| Home/Mobile Phone: | | | Enter # | | Work Phone: | | | | Enter # | | Email: | Enter email | | |
| Parent Name: | | Enter name | | | | Phone: | | | Enter # | | Email: | Enter email | | |

Check the box(es) of the conduct investigated:

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| --- | --- | --- | --- | --- |
| Abusive Conduct | Bullying/Cyber-Bullying | Discrimination | Harassment | |
| Hazing | Retaliation | Other Misconduct | |  |

Check the box(es) to indicate the basis of the conduct investigated:

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| --- | --- | --- | --- | --- |
| Race/Color/National Origin | Sex/Gender | Sexual Orientation | Gender Identity | Pregnancy |
| Religion | Disability | Age | Status as a Veteran | N/A or None |

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| **Description of the Complaint:**  [Provide a brief summary of the incident(s)/conduct described by complainant, including who, what, when, and where.] |
| Enter description of complaint |

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| **Description of the Response:**  [Provide a brief summary of the incident(s)/conduct described by the respondent, including any denial, admission, or clarification of allegations found in the complaint.] |
| Enter description of response |

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| **Policies Implicated:**  [List the specific sections of Nebo School District policies that are alleged to have been violated (i.e., list policy sections that the conduct, if found to be true, would violate.)] |
| Enter policies and sections |

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| **Individuals Interviewed:**  List name(s), phone, email, position, and reason individual(s) was/were interviewed. | | | | | | | | |
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| Individual: | | Enter name | | | Phone: | Enter # | Email: | Enter email |
| Position: | Enter position | | Reason: | Enter reason | | | | |
|  |  | |  |  | | | | |
| Individual: | | Enter name | | | Phone: | Enter # | Email: | Enter email |
| Position: | Enter position | | Reason: | Enter reason | | | | |
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| Individual: | | Enter name | | | Phone: | Enter # | Email: | Enter email |
| Position: | Enter position | | Reason: | Enter reason | | | | |

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| **Detailed Description of the Investigation:**  [List dates and times of all interviews and written statements of the complainant, respondent, and witnesses. List any video or audio recordings, correspondence, documentation, or other physical and electronic evidence reviewed as part of the investigation.] |
| Enter description of investigation |

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| **Findings of Fact:**  [Weigh the credibility of all evidence and make a determination as to which facts are true. Provide a detailed description of every fact you find to be true based upon a preponderance of the evidence standard.] |
| Enter findings of facts |

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| **Conclusions of Policy:**  [Make determinations as to which, if any, Nebo School District policies were violated by the findings of fact. For each finding of fact, identify the specific policy language the fact violates. Indicate any findings of fact that do not violate District policy. Summarize conclusions for each of complainant’s allegations as “substantiated,” “unsubstantiated,” or “inconclusive.”] |
| Enter conclusions |

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| **Recommendations:**  [Make recommendations to address the effects of any policy violation on the complainant. If applicable, recommend any system-wide measures to remedy the effects in the school or workplace. Make recommendations for appropriate disciplinary action or other remediation measures to rehabilitate the respondent and deter future violations.] |
| Enter recommendations |

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| **ATTACHMENTS: Please attach written statements and other relevant documents to this Investigation Report and Decision**  I hereby represent that I conducted the above-referenced investigation in a timely matter, with impartiality, and have made the above determinations to the best of my ability. I further represent that the information provided herein is true, correct, and complete to the best of my knowledge.  Dated this Enter day day of Enter month, 20Enter year  Enter school/department/district name  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Enter name  Enter title |

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| **For School/District Use Only**  *Maintain original at School/Department of Human Resources/District Civil Rights Coordinator* |