

EMPLOYEE WITNESS INTERVIEW FORM

Name of Employee being investigated: _____

Name of Employee Witness: _____ Position: _____

Campus/Dept: _____ Date of Alleged Incident: _____

Completion of this form is necessary for interviewing employees during an investigation.

GENERAL INFORMATION

Please complete this information prior to conducting the interview.

Date of interview		Time of interview	
Name of person being interviewed			
Position of person being interviewed		Home campus	
Was the interview recorded?			
Did the witness submit an additional written statement? (If so, please attach.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there video surveillance tapes to view?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the person being interviewed have firsthand knowledge of the allegations being investigated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

List the names of all additional witnesses revealed in this interview.

Describe the conduct that is being investigated and any knowledge the employee provided.

Completed by:

Print Name

Print Title

Date

Signature of Person Completing Report