



Investigative Report of Alleged Employee Misconduct (IRAEM)

Report Submitted By: _____ Date: _____

Accused Employee:	School/Work Site:
SSN (Last 4 digits):	Position:
Date of Birth:	Hire Date:
Length of Service:	Tenure Status: Yes ☐ No ☐

Complainant's Name/Grade Level or Position <i>(Example: Doe, John/5th Grade)</i>	Witness's Name/Grade Level or Position <i>(Example: Doe, Jane/Campus Advisor)</i>

Statements Received? (Witnesses, Accused, Victim)	Yes ☐ No ☐	
Executive Director or Department Head Contacted?	Yes ☐ No ☐	Name: _____
Law Enforcement Contacted?	Yes ☐ No ☐	Agency: _____
DCF Contacted?	Yes ☐ No ☐	Name & Incident #: _____
Parent/Guardian Contacted?	Yes ☐ No ☐	Name: _____



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Details of the Complaint: (who, what, where, when, how, and why)