

# EMPLOYEE NOTIFICATION FORM

## Administrative Investigation

You are being questioned regarding allegation(s) either made against you or for which you may have knowledge. Information provided will be included in a Department of Corrections administrative investigation report.

### NOTIFICATION ACKNOWLEDGEMENT:

I acknowledge, prior to being asked any investigatory questions, that I have read, asked any questions I might have, and understand the following:

- Upon the request of any employee who is called to meeting which may result in discipline being imposed upon the employee, the employee is entitled to the presence of a Union Representative. If union representation is not requested initially, such representation may be requested at any time during the interview.
- You are expected, as required by DOC Policy 20.1.3 (Code of Conduct), to provide truthful, complete and accurate responses, and failure to do so may result in discipline up to and including discharge from state service.
- You are expected, as required by DOC Policy 20.6.1 (Promotion of a Respectful Workplace), to not retaliate against employees who brought forth allegations or assisted in the investigation of those allegations. Any employee found to have engaged in retaliatory action or behavior may be subject to discipline, up to and including dismissal.
- Until the investigation is concluded you are asked not to discuss the questions asked of you or the substance of the investigation with other individuals in order to maintain the integrity of the investigation. If you are the subject of the investigation, you may discuss the matter with your union representative or legal counsel, and may gather information in your defense. If you are gathering information to defend yourself, you must do so in a manner that is not retaliatory. Employees who have engaged in prohibited behavior may be subject to discipline, up to and including dismissal.

I further understand that my signature below does not constitute any acknowledgement of wrong-doing.

Location: \_\_\_\_\_

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At this time, **I do** / **do not** elect to have union representation present at this interview.  
(Please circle one)

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Employee's Name (print)

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Signature

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Date

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Union Representative's Name (print)

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Signature

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Date

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Interviewer's Name (print)

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Signature

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Date