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Help Line Complaint Investigation Report

CASE PRIORITY: A B C

Business Unit: _____ Ethics Officer: _____ Case No. : _____

REPORT PREPARED BY:

Name:
Title:
Date:

NAME OF COMPLAINANT

Name:
Job Title:
Job Location:
Date Complaint Received:

TRANSCRIPTION OF ALLEGATION(S) (cut and paste the allegation from the Help Line report)

TYPE OF ALLEGATION(S)

Discrimination:

- Age
- Disability Accommodation
- Other Disability
- National Origin
- Race
- Religion
- Sex
- Sexual Orientation
- Use of drugs/alcohol

- Conflicts of Interest
- Disrespectful/unprofessional behavior
- Falsification of records
- Fraud
- Insider threat
- Internet abuse
- Payroll discrepancy
- Retaliation
- Non-compliance with laws and regulations
- Non-compliance with contracts



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<input type="checkbox"/> Wage/hour concern	<input type="checkbox"/> Workplace violence or threats
<input type="checkbox"/> Attendance concerns	<input type="checkbox"/> Violation of company policy/other
<input type="checkbox"/> Concerns about benefits	

PERSON(S) INVOLVED PER ALLEGATION

<u>Name</u>	<u>Job Title</u>	<u>Location</u>

ACTIONS TAKEN TO INVESTIGATE

Please describe what you did to investigate the allegation with brief bullet points in chronological order. Explain the reasons for the actions taken.

NAME(S) OF INDIVIDUAL INTERVIEWED AND/OR SUBJECT MATTER EXPERT(S) (SME) CONSULTED FOR ADVICE

<u>Name:</u>	<u>Job Title:</u>	Mark (x) if SME
		<input type="checkbox"/>

RELEVANT DOCUMENTS

List documents obtained during investigation (please attach to this report).



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FACTUAL DETERMINATION: Give your conclusion as to each fact allegation (e.g., whether or not employee was treated differently than his/her similarly-situated co-workers). Explain the rationale for your conclusion. Do not opine on legal conclusions (e.g., whether or not employee was subject to unlawful discrimination).

STATUS OF DISCIPLINARY OR CORRECTIVE ACTION: Corrective action could include, e.g., a change in company policy or practice, a general communication to employees or a new or enhanced training program.

Implemented (Please describe disciplinary or corrective action taken)

None Taken (Please explain why no disciplinary or corrective action was taken; e.g., factual allegations not substantiated; factual allegations substantiated or partially substantiated but management determined no discipline or corrective action warranted; employee who is the subject of the allegations is no longer employed by the company)

Decision Pending (Please explain why a decision has not been taken)

NOTE: This form should be completed and sent to the Senior Director, Internal Audit and to the Ethics Program Administrator after the investigation is completed. The case will be closed in the Global Compliance database (IntegriLink) by the Administrator.