

ADMINISTRATIVE REGULATION

APPROVED:

REVISED:

CHARLEROI AREA SCHOOL DISTRICT

249-AR-3. INVESTIGATIVE FACT SHEET

I. The Complainant.

Name: _____ Address: _____

Age: _____ Telephone No.: _____

Date of Birth: _____

Gender: _____

Parents/Guardians: _____ Address: _____

Telephone No.: _____

School: _____

Has the complainant been provided with the Notice To Complainant And/Or Parents/Guardians
Of Complainant? Yes No Date Notice provided: _____

Attach copy of Notice with acknowledgement of receipt.

II. The Investigator(s).

Name: _____ Address: _____

Telephone No.: _____

Name: _____ Address: _____

Telephone No.: _____

III. Nature Of Complaint As Described By Complainant.

Date complaint made: _____

Description of improper conduct: _____

Identity of all participants in the improper conduct: _____

Identity of witnesses: _____

What would the complainant like the district to do to remedy the situation? _____

What is the complainant's viewpoint with respect to confidentiality? _____

IV. Investigation.

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

Date: _____ Action taken: _____

V. Conclusions Reached.

VI. Action Taken To Eliminate Improper Conduct.

VII. Follow-Up Action Taken To Ensure That Remedial Action Is Effective.
