



Formal Investigation Request Form

Please use this form to request a formal investigation after Assistant Superintendent's approval. Attach all relevant documents and statements from Complainant, Respondent and potential witnesses. All information requested **must** be complete prior to submission of the document to Equity and Compliance.

Complainant (Parent, Employee, Student, etc. alleging wrongdoing)			
Name:		Employee ID:	
Position:			
Home Address:			
City:		State:	Zip:
Phone Number:	Home:		Cell:
Name of School/Department:			

Incident Information				
Date, time, and location of the alleged incident	Date:	Time:	Location:	
Please provide a brief description of the allegation:				
List of Possible Witnesses:				
Is video footage available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DVR:	Camera:
Was the CCPS Police Department notified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Was a DFCS referral made?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Date Assistant Superintendent approved investigation (if applicable)	Date:			

Respondent (Person accused of the wrongdoing)			
Name:		Employee ID:	
Position:			
Home Address:			
City:		State:	Zip:
Phone Number:	Home:		Cell:
Name of School/Department:			

Submit to Damaris Garrett: damaris.garrett@clayton.k12.ga.us and Darlene Ford-Dowling: darlene.ford-dowling@clayton.k12.ga.us