

REQUEST FOR INVESTIGATIVE SERVICES

Department:	Date:
Contact Person:	Title:
Email Address:	Phone:
Complete the remaining sections and click on s to discuss your needs and provide any necessa	SEND. Human Resources will contact you shortly ry recommendations.
Type of Investigation (Place an X in all boxes the	hat apply):
Misconduct	
Internal Affairs	
Retaliation (Non-EEO)	
Inappropriate Activity by an Employee	
Other:	
Other:	• • • • • • • • • • • • • • • • • • • •
Other: Please call (707) 565-2331 to contact the Imatters, and HR-EEO for investigations related Harassment or Retaliation based on a protection.	ed to Disability/ADA, Discrimination, Sexual
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