**HR Investigation Request Form**

**Purpose:** This form is used to formally request an internal HR investigation regarding workplace misconduct, policy violations, safety concerns, unethical behavior, or any incident requiring official review.

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Job Title |  |
| Department |  | Employee ID |  |
| Contact Number |  | Email Address |  |

1. **Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident |  | Time of Incident |  |
| Location of Incident |  | | |
| Type of Issue (Check one) | ☐ Harassment ☐ Bullying ☐ Discrimination ☐ Safety Issue ☐ Policy Violation ☐ Misconduct ☐ Ethics Violation ☐ Other: \_\_\_\_\_\_\_\_\_\_ | | |

1. **People Involved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role (Victim, Witness, Accused, etc.)** | **Department** | **Contact** |
|  |  |  |  |
|  |  |  |  |

**D. Detailed Description of the Incident**

*(Please provide a clear and factual explanation. Include what happened, how it happened, involved parties, and any evidence.)*

|  |
| --- |
|  |
|  |

**E. Evidence Provided**

*(Attach copies where applicable)*  
☐ Emails  
☐ Photos  
☐ Videos  
☐ Witness Statements  
☐ Documents  
☐ Screenshots  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. Previous Actions Taken**

*(If any actions, complaints, or discussions were attempted before submitting this request)*

|  |  |  |
| --- | --- | --- |
| **Action Taken** | **Date** | **Outcome** |
|  |  |  |
|  |  |  |

**G. Requested Action / Expected Outcome**

What action do you want HR to take?  
☐ Formal Investigation  
☐ Mediation  
☐ Disciplinary Review  
☐ Safety Assessment  
☐ Training or Counseling  
☐ Policy Review  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain your expected outcome:

|  |
| --- |
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**H. Confidentiality Notice**

The company will maintain confidentiality to the fullest extent possible. However, certain information may need to be disclosed for a fair and thorough investigation.

**I. Employee Declaration**

I hereby declare that the information provided in this request is true and accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**J. HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| HR Officer Assigned |  | Date Received |  |
| Case Number |  | Investigation Start Date |  |
| Investigation End Date |  | Notes |  |