



DEPARTMENT OF JUVENILE JUSTICE

OFFICE OF THE INSPECTOR GENERAL BUREAU OF INVESTIGATIONS

INCIDENT/COMPLAINT DISPOSITION FORM

IDENTIFYING DATA

This Section To Be Completed By The Office of The Inspector General

Case #:	Branch/Region/Circuit:
Program/Facility/Unit:	
Subject's Name:	Position/Status:
Synopsis of Allegation(s)/Description of Problem(s):	

DISPOSITION OF CIVIL RIGHTS ALLEGATIONS

This Section To Be Completed By The Bureau of Personnel

- Cause to believe alleged harassment/discrimination occurred (explain below)
- No Cause to believe alleged harassment/discrimination occurred
- Cause to believe other misconduct occurred (explain below)

Comments: [The EEO Officer must specifically list the allegation(s) of discrimination or harassment on which cause was determined or the other misconduct on which cause was determined by the Resolution Panel].

(Attach additional sheets if necessary)

Signature of EEO Officer

Date

ACTION TAKEN BY MANAGEMENT (EMPLOYEES)

This Section to Be Completed By Appropriate Official After Conferring With General Counsel's Office

Subject Employee (Name and Title): _____

Disciplinary Action: Counseling Reprimand Suspension
 Termination Resignation None (Must be Explained Below)
 Other

Date Disciplinary Action Occurred: _____

Comments:

Action Authority (Name and Title): _____

(Attach additional sheets if necessary)