

Monroe County Sheriff's Office
INTERNAL INVESTIGATION

Number: _____

Date: _____

Employee Involved: _____

Investigator: _____

Complainant: _____

Complainant Type: (Citizen, Internal, Inmate, Anonymous) _____

Address: _____

City/State _____

Zip: _____

Phone: _____

Allegation ____ of ____:

Contrary to: Chapter 13: A: Insubordination Offenses
D: Improper Conduct Offenses

B: Neglect of Duty Offenses
E: Job Knowledge and Performance

C: Unlawful Conduct Offenses

Paragraph :

Finding: Exonerated
Unfounded
Not Sustained
Sustained

Recommended Action:

Commanders Signature: _____

Date: _____

NOTICE OF ACTION: You are hereby notified that the investigation into your conduct has been completed and the above determination has been made. If the allegations were sustained you are further notified that the agency intends to take the above action(s). You may address the findings and/or the intended action below.

Employee's Receipt: I received this Internal Investigation on Date: ____/____/____ Signature: _____

Employee's Response/Comments: (If more space is needed, attach additional sheets)

This report and your response will serve as your pre-determination hearing unless you request, in writing, to personally address them with the decision-making authority before final discipline is imposed. Please notify your Lieutenant or Captain, in writing, if you would like an in-person pre-determination hearing.

No comment: _____ Employees Signature: _____ Date: _____

Legal Review: _____

Sheriff or Designee: Exonerated
Final Determination: Unfounded
Not Sustained
Sustained

Final Action: _____

Signature: _____ Date: _____

(If applicable) Number of Work Hours suspension without pay: _____ Vacation or Comp time may be used: Yes _____ No _____

Date Discipline to be imposed by: _____ Eligible for Rehire: Yes _____ No _____

Monroe County Sheriff's Office

INTERNAL

INVESTIGATION

Investigative Summary

Page _____ of _____

I hereby verify pursuant to F.S. 92.525 that the contents of this report are true and accurate based upon my personal knowledge, information and belief.

I, the undersigned, do hereby swear, under penalty of perjury, that, to the best of my personal knowledge, information, and belief, I have not knowingly or willfully deprived, or allowed another to deprive, the subject of the Investigation of any rights contained in ss. 112.532 and 112.533, Florida Statutes.

Investigator: _____

Date: _____

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