



CODE OF CONDUCT VIOLATION INVESTIGATION REPORT

Consumer: _____ Phone: _____

DSB Case Manager, Title, and Office Location:

DSB Staff reporting the Incident, Title, and Office Location:

Date of Incident: _____ Time: _____ Place: _____

Witness(es): _____

Description of Incident:

Check the violation(s) offended against the Code of Conduct:

- INTIMIDATION (engaging in actions that include but are not limited to stalking or behavior intended to frighten, coerce, or induce duress)
- THREAT (expressing intent to cause physical or mental harm)
- IMPROPER USE OF INTERNET OR TELEPHONE (using various communication mediums to relay harassing statements or threats)
- PHYSICAL ATTACK (displaying unwanted or hostile physical contact, displaying or using any firearms or other weapons or devices which would cause bodily harm)
- PROPERTY DAMAGE (intentionally damaging property owned by state employees, their consumers of services, visitors or vendors)

OUTCOME OF INVESTIGATION:



CORRECTIVE ACTION PLAN:

SIGNATURES:

Area Supervisor _____ Date: _____

Case Manager _____ Date: _____

I have read the above investigation report and reviewed the corrective action plan developed as a result of my violation(s) against the DSB Code of Conduct. I agree to comply with the action plan. I understand that if I do not comply or if further violations of the North Carolina Division of Services for the Blind Code of Conduct are related to my actions, my case with the agency may be closed, or I may be banned from future interactions with the agency or legal actions could possibly be taken against me. I understand that I may contact the Client Assistant Program at 1-800-215-7227 if I am not satisfied with this outcome.

SIGNATURES:

Consumer _____ Date: _____

- cc: DSB Director
- DSB Assistant Director
- DSB Chief(s) of program(s) involved
- Consumer
- Case Manager
- Staff Making Report
- Area Supervisor