**Administrative Investigation Warning**

Interviewer: Date Click here to enter a date.

Interviewee:

This is to advise you that you are being interviewed as part of an administrative investigation.

You are advised that the details of this investigation are confidential. During the course of investigation, you will be held to the following standards:

You are instructed to answer questions truthfully and completely. Your failure to do so constitutes interference with a Department investigation and may result in disciplinary action up to and including termination.

Please do not discuss any part of this investigation with persons other than those with whom you have a legally-recognized privileged status (e.g., attorney, union representative, physician) and those in your chain of command authorized to communicate with you about the investigation.

Employees participating in this investigation are protected from retaliation. You are prohibited from taking any adverse employment actions against any employee for their participation in this investigation or because they have opposed retaliation or any form of discrimination or harassment. Any retaliation against you arising from your participation in this investigation is also prohibited. If, in the future, you believe you’ve experienced any retaliation due to this investigation, please contact me immediately

\_\_\_\_\_ I acknowledge that the investigator has identified him/herself to my satisfaction and understand that this is an official administrative investigation being conducted by the Montana Department of Corrections.

\_\_\_\_\_ I understand that statements I make during this investigation are subject to verification.

\_\_\_\_\_ I have an opportunity to ask and have answered any reasonable questions regarding the administrative investigative process.

\_\_\_\_\_ I have read and understand the contents of this document.

I would like a copy of this signed document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s Signature Date