CODE OF CONDUCT – REPORT FORM

To be completed by the complainant and provided to Deborah E. Mikula, Executive Director (517) 394-2774 or dmikula@milibraries.org or the current President of MLA whose contact information can be identified by calling (517) 394-2774 or emailing MLA@Milibraries.org.

Complainant’s Name: ___________________________ Date Submitted: __________________

Location of Incident(s): __________________________________________________________

Date of Incident(s): ___________________________________________________________________

Person(s) Involved: ___________________________________________________________________

(if unknown list identifying information such as appearance)

Description of the alleged violation of Code of Conduct (attach additional sheets if needed):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please list all witnesses to each event (include date event witnessed):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please read below statement and sign:

I, the complainant, understand that this form will be forwarded to the MLA Executive Director and in some instances MLA Leadership or an outside investigator for a thorough investigation of the alleged violation of the MLA Code of Conduct. I understand MLA will maintain confidentiality of my identity to the extent possible.

I further attest that any statements made by me related to this matter are true.

Complainant Signature: ______________________________________________________________

Date: _______________________________________

TO BE COMPLETED BY MLA: Date of Receipt: ___________________________
INVESTIGATION REPORT

To be completed by the MLA Executive Director or the designated investigator.

Person Accused of Violating the Code of Conduct: ________________________________

Date of Incident: ________________________________

Investigator: ________________________________ Date Completed: ________________________________

Witnesses Interviewed

_________________________________________________________________________________
_________________________________________________________________________________

Findings of Facts (Attach additional sheets if needed)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Explain whether a violation of the MLA Code of Conduct did/did not occur. (Attach additional sheets if needed)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Investigator Signature: ________________________________ Date: ________________________________

Executive Director’s signature: ________________________________ Date: ________________________________