***To be completed by the person assigned to complete the investigation of the complaint. Completion of this document should begin prior to beginning any investigation****.*

*Confidential and for Internal Use Only*

**INVESTIGATION PLAN**

**Date:**

**Name of Complainant(s):**

**Name of Respondent(s):**

**Investigator Assigned:**

1. **Summary of Complaint**

1. **Notification of Parties**

|  |  |  |
| --- | --- | --- |
|  | **Date Letter Sent** | **Date of Initial Meeting** |
| **Complainant(s):** |  |  |
| **Respondent(s):** |  |  |
| **Witness:** |  |  |
| **Witness:** |  |  |
| **Witness:** |  |  |
| **First Nations, Inuit or Métis or MCMR Diversity Representative** |  |  |

1. **Interview Schedule**

|  |  |  |
| --- | --- | --- |
|  | **Date and Time** | **Location** |
| **Complainant(s):** |  |  |
| **Respondent(s):** |  |  |
| **Witness:** |  |  |
| **Witness:** |  |  |
| **Witness:** |  |  |

1. **Is Consultation required with First Nations, Inuit or Métis or MCMR Representative to verify cultural or religious needs or information?**

*{list key information}*

1. **Estimated Timeline for Completion of Investigation**

The investigation should be completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Questions for Complainant(s)**

{*list key questions*}

1. **Questions for Respondent(s)**

{*list key questions*}

1. **Questions for Witnesses**

*{list key questions}*

1. **Relevant Documents**

*{list key documents}*

1. **Relevant Policies**

*{list applicable policies}*

1. **List of Activities to be Performed**

* Task: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Time Frame: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Communication Plan**

Who will have access to case information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will ***not*** have access to case information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary Report to be provided to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Other Issues**