

## EMPLOYEE STATEMENT- INVESTIGATION

**Instructions:** This form must be completed in its entirety and given to a supervisor/manager.

<b>First &amp; Last Name</b>	<b>Position</b>
<b>Restaurant Location</b>	<b>NSN</b>
<b>Signature:</b>	
<b>Name:</b>	<b>Date:</b>
<b>Your signature certifies this to be accurate and true to the best of your knowledge</b>	

*please continue statement on the back if needed*