

FORM 101

**EMPLOYER'S STATEMENT TO EMPLOYEE
WITH RESPECT TO ONGOING INVESTIGATION AND
NOTICE OF REQUEST FOR POLYGRAPH TEST**

Employer's Name: _____

Business Address: _____

Street

City

State

Zip

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Employee's Name: _____

Address of where employee is employed:

Street

City

State

Zip

Employer's Statement to Employee with Respect to Ongoing Investigation:

1. Incident or activity being investigated.

A. Description of incident or activity: _____

B. Date of time period in which incident or activity is believed to have occurred:

C. Location(s) where incident or activity is believed to have occurred:

D. Incident or activity involved: () Money () Merchandise

() Other: _____

E. Approximate dollar amount, if ascertained: \$ _____

Hat Squad Investigations

2. Type of economic loss under investigation:

- Theft Embezzlement Misappropriation
- Unlawful industrial espionage or sabotage
- Check Kiting Money laundering
- Misappropriation of confidential or secret information
- Other: _____

3. If incident or activity involved money, merchandise or other property, area in which such money, merchandise or property is located and employee's access thereto:

4. Basis of Employer's reasonable suspicion that Employee was involved in the incident or activity under investigation.

A. Information from a co-worker or other individual: _____

B. Employee's behavior, demeanor or conduct: _____

C. Inconsistencies between facts, claims or statements that surfaced during the investigation:

D. Circumstances surrounding access or opportunity, such as its unauthorized or unusual nature:

E. Other basis for reasonable suspicion:
