



**SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
DIVISION INVESTIGATION CLOSING FORM**

TROOP/DISTRICT: _____ **POST/STATION:** _____

Case Number: _____
Employee Name: _____
Division: _____

Subject: Complaint: ☐ Citizen ☐ Department ☐ Vehicle Collision

To: Office of Professional Responsibility

Assigned Investigator

The attached investigation has been conducted and has been classified as follows (Use additional pages if necessary):

☐ Exonerated ☐ Unfounded ☐ Not-Sustained ☐ Sustained

Investigator: _____ Rank/Title _____ Date: _____

Command Review

I have reviewed the attached reports and findings and do concur with the findings and classification. (If a reviewer disapproves with the findings, please provide your finding and attach an explanatory memorandum.)

Lieutenant Date ☐ Approve ☐ Disapprove

Captain Date ☐ Approve ☐ Disapprove

Major Date ☐ Approve ☐ Disapprove

Lieutenant Colonel Date ☐ Approve ☐ Disapprove

Recommendations (Colonel / Chief)

Based on my review of the file and employee's record, I recommend the following action:

Colonel / Chief Date
Comments (OHR Director)

OHR Director Date

FINAL ACTION: AUTHORITY TO CLOSE CASE

Kenneth Phelps Date
Chief

Leroy Smith Date
Director

Rev. 4/13