

**INVESTIGATION CONFIDENTIALITY AGREEMENT**

All parties involved in this investigation must observe appropriate confidentiality. This means there must be no discussion or release of information by you with friends, family, coworkers, other members of the public, or the media about the facts or substance of the details of this interview or this investigation. North Dakota Century Code section 15.1-07-25(2) states that any record or document generated as part of this investigation is confidential and not subject to the open records law until the investigation is completed or sixty days whichever is sooner.

I agree to comply with the above requirements. If I have any questions concerning this agreement, I should contact

\_\_\_\_\_ at \_\_\_\_\_.  
(name of investigator) (telephone number)

\_\_\_\_\_  
Investigation Participant's Name (print)

\_\_\_\_\_  
Investigation Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
This document was signed in my presence:

\_\_\_\_\_  
Signature of District Investigator