RESEARCH OF INTERLOPING FORCES AND THREATS
OFFICE OF INTERNAL AFFAIRS

FORMAL EMPLOYEE CONDUCT COMPLAINT

Form FECC-14.A • Rev. 08/2022 • Internal Administrative Record

INSTRUCTIONS: Provide complete and accurate information. Attach additional pages or supporting records as necessary. Submission does not constitute a finding of misconduct. Retaliation for a good-faith complaint is prohibited.

SECTION I — COMPLAINANT INFORMATION

Full Name:	Employee No.:	Department(s):
Dr. Nathan Sinclair	#143-D	36F-a1, 45F-i3, 47F-i8, 48F-i10, 62F-i1

SECTION II — RESPONDENT INFORMATION (EMPLOYEE COMPLAINED AGAINST)

Full Name:	Employee No.:	Relevant Department(s):
Dr. Samuel Albert Kane	#282-D	50F-i3

SECTION III — NATURE OF COMPLAINT

- ☐ Abuse of Authority
- ☐ Breach of Policy or Protocol
- ☐ Conflict of Interest
- ☐ Falsification or Omission of Records
- ☑ Harassment, Hostile Conduct, or Intimidation
- ☑ Safety Violation
- ☐ Insubordination
- ☑ Retaliation
- ☐ Other: _____
- ☐ Unauthorized Disclosure or Misuse of Asset(s) or Resources

+Date(s) of Alleged Conduct:	Approximate Time(s):	Location(s):	Is the conduct ongoing?
26 APR 2024	Once	50th Floor, Incubator 3	☐Yes ☑ No

SECTION IV — SUMMARY OF COMPLAINT

SUMMARY OF ALLEGED CONDUCT - *Provide a concise summary. Complete and attach Form FECC-14.b for the detailed written account.*

At noon today (04/26/2024), Dr. Samuel Kane physically assaulted me in the 18th floor breakroom. I believe this assault is indicative of the noetic corruption I documented in the previous complaint file.

SECTION V — WITNESSES AND SUPPORTING RECORDS

Witness name(s), employee no(s), and contact information:	**Supporting records attached:**
N/A	☐ Email/Message ☑Record/Report ☐Image/Recording ☑ Other: Infirmary confirmation of bloodied nose. ☐ None

SECTION VI — PRIOR NOTIFICATION AND ADDITIONAL INFORMATION

Previously reported? ☑ No ☐ Yes If yes, identify recipient and date:	Immediate safety, access, or record-preservation concern? ☐ No ☑Yes If yes, specify: Noetic Corruption

Additional information relevant to intake or review:

SECTION VII — CERTIFICATION

I certify that the foregoing information is true and complete to the best of my knowledge. I understand that knowingly providing materially false information may result in administrative or disciplinary action.

Complainant Signature:	Submission Date:
Dr Nathan Sinclair	04/26/2024

SECTION VIII — ADMINISTRATIVE USE ONLY

Received By:	Date Received:	Assigned Case File #:	Authorized Signature:
Elena De la Cruz	04/26/2024	SVK24IR2	El Cruz

REQUIRED ATTACHMENT: Form FECC-14.B, Detailed Account of Complaint, must be completed and submitted with this form.

RESEARCH OF INTERLOPING FORCES AND THREATS
OFFICE OF INTERNAL AFFAIRS

FORMAL EMPLOYEE CONDUCT COMPLAINT
DETAILED ACCOUNT

Form FECC-14.B • Continuation Sheet

SUBMISSION REQUIREMENT: This continuation sheet must remain attached to the corresponding Formal Employee Conduct Complaint, Form FECC-14.A. Both forms must be submitted together.

SECTION A — COMPLAINT IDENTIFICATION

Complainant Full Name:	Employee No.:	Submission Date:
Dr. Nathan Sinclair	#143-D	04/26/2024

SECTION B — DETAILED WRITTEN ACCOUNT

Provide a complete, factual account in chronological order. Identify relevant dates, times, locations, statements, actions, witnesses, and supporting records. Attach additional copies of Form FECC-14.A if more space is required.

On April 26, 2024, at approximately 1200 hours, Dr. Kane and I exchanged words in the 18th floor breakroom regarding the previous complaint filed against him, as well as a disagreement over the viability of the incubator. Kane grew increasingly agitated as the conversation progressed, and it was during this exchange that he struck me. The first blow was sudden, delivered without further warning beyond his verbal outburst in which he told me to "go fuck myself", and the force of it knocked me to the ground. Before I could recover, he struck me a second time while I was down. It was only through the intervention of other employees present that he was pulled off me and removed from the area.

The assault left me bloodied, and I was compelled to take time from my work schedule to seek treatment at the infirmary. The attending staff cleaned the wound and confirmed no breaks or fractures, though bruising and swelling are expected to persist for several days.

Although this is not the first occasion in which I have been physically assaulted by another employee, I consider this incident to be particularly noteworthy due to the circumstances surrounding Dr. Kane’s behavior and physical condition at the time of the attack.

Immediately before and during the assault, I observed a distinct alteration in Dr. Kane's pupils, which should show no color of their own, taking on an unnatural, almost violet hue. This change was pronounced enough that I do not believe it can be reasonably attributed to lighting conditions, stress, or ordinary physiological response.

Given Dr. Kane's extended proximity to asset 50F-i3, I recommend this incident be cross-referenced with his exposure logs and that his case be escalated for evaluation ahead of, or in conjunction with, the pending Incident Review panel.

RESEARCH OF INTERLOPING FORCES AND THREATS
OFFICE OF INTERNAL AFFAIRS

NOTICE OF EMPLOYEE COMPLAINT DISPOSITION

Form FECC-14C • Rev. 07/2026 • Internal Administrative Record

COMPLAINT REFERENCE

Complainant Full Name:	Employee No.:	Complaint Submission Date:
Dr. Nathan Sinclair	#143-D	04/26/2024
Date of Notice:	**Respondent Full Name:**	**Case File #:**
05/05/2024	Dr. Samuel Albert Kane	SVK24IR2

DISPOSITION AND ACTION

☐ No Further Administrative Action Warranted
☐ Matter Referred for Preliminary Inquiry
☑ Formal Administrative Incident Review Initiated
☐ Matter Referred to Another Office or Authority
☑ Corrective or Administrative Action Initiated
☐ Complaint Closed Following Review
☐ Other Action: _____

OFFICIAL RESPONSE

SUMMARY OF DETERMINATION OR ACTION TAKEN - *Provide a concise explanation appropriate for disclosure.*

Your complaint concerning Dr. Samuel Kane’s physical assault on your person been received and entered for formal review.

Based upon the matters identified in your submission, the Office of Internal Affairs has added this incident to the docket of Dr. Samuel Kane’s upcoming Incident Review panel.

Your complaint and supporting materials will remain on record pending review. You may be contacted if additional information or testimony is required.

NOTICE TO COMPLAINANT

This notice communicates the administrative disposition of the complaint identified above. Applicable privacy, personnel, security, or investigative restrictions may limit the information that can be disclosed regarding specific findings, corrective measures, or disciplinary action. This notice does not alter any right to submit additional relevant information through authorized channels.

AUTHORIZATION

Authorized Official:	Date:	Signature:
Elena De la Cruz	05/05/2024	El Cruz

REQUIRED ATTACHMENT: Copies of referenced submitted forms FECC-14.A + FECC-14.B must be returned to complainant with this page.