



Disciplinary Action Form

(Please fill out completely)

Employee & Disciplinary Action Information

Company Name: _____

Employee Name: _____

Date: _____

Suspension Duration (Days): _____

Discipline Type:

Initial Counsel

1st Written

2nd Written

Final Warning

Suspension

Previous Discipline Dates:

Initial Counsel _____

1st Written _____

2nd Written _____

Final Warning _____

Suspension _____

Incident Information

Location: _____ Date: _____ Time: _____ AM PM

Policy Violated: _____

Incident Details (Include names, behaviors, events, and frequency): _____

Be advised that any further infractions will result in further disciplinary action up-to-and-including termination.

Future Expectations: _____

Comments

Supervisor Comments: _____

Employee Comments: _____

Acknowledgements

Supervisor Name: _____

Supervisor Signature: _____

Witness Name: _____

Witness Signature: _____

Employee Signature: _____

Date: _____

**Signing this document is not an admission of guilt and only signifies that it was received.*

Check this box if employee refused to sign: