Discipline Documentation Form



EMPLOYEE INFORMATION

Employee’s Name

_____

Employee’s Job Title:

_____

INCIDENT INFORMATION

Date/Time of Incident:

_____

Location of Incident:

_____

Description of Incident:

_____

_____

_____

_____

Witnesses to Incident:

_____

_____

_____

Was this incident in violation of a company policy? _____ No _____Yes

If yes, specify which policy and how the incident violated it.

_____

_____

_____

ACTION TAKEN

What action will be taken?

_____

_____

_____

Has the impropriety of the employee’s actions been explained to the employee?

_____ Yes _____No

Did the employee offer any explanation for the conduct? If so, what was it?

_____

_____

Signature of person preparing report:

_____

Date: _____/_____/_____