

# DISCIPLINARY ACTION FORM

Date	Date of Incident
Employee Name	Title
Manager Name	Title
Time of Incident	Location of Incident

Description of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to the incident (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Prior discussions or warnings on this subject, whether oral or written: \_\_\_\_\_  
\_\_\_\_\_

Corrective or disciplinary action to be taken:  
 Verbal     Written     Probation period begins \_\_\_\_\_ and ends \_\_\_\_\_     Suspension  
 Other \_\_\_\_\_  
\_\_\_\_\_

Employee statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that I have read and understand the above information and consequences.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_