

DISCIPLINARY ACTION FORM

Employee Information

Name of Employee: _____

Company: _____ Supervisor: _____

Employee's Job Title: _____ Project: _____

Incident Information

Date/Time of Incident: _____ Location of Incident: _____

Description of Incident: _____

Witnesses to Incident: _____

Was this incident in violation of a company policy? **Yes** **No**

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

Action Taken

Is this the first, second, or third warning? _____

What action will be taken against the employee? _____

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: _____

Signature of Employee: _____

Distribution: One copy to employee, one copy in project file, original to employee's file or employer