



DISCIPLINARY ACTION FORM

Report	
Employee: _____ Reported to: _____ Report Type: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person	Violation #: _____ Date Reported: _____ Date of Incident: _____ Location: _____
Type of Disciplinary Action: <input type="checkbox"/> Documented Discussion <input type="checkbox"/> Verbal/Written Warning <input type="checkbox"/> Termination	
Incident Details	
Violation Type: <input type="checkbox"/> Tardy/Absence <input type="checkbox"/> Insubordination <input type="checkbox"/> Unsatisfactory Work <input type="checkbox"/> Safety Violation <input type="checkbox"/> Code of Conduct Violation <input type="checkbox"/> Drug Use <input type="checkbox"/> Other: _____	
Witnesses: _____	
Code Violations: _____	
Description of Incident: _____ _____ _____	
Employee Statement	
_____ _____ _____ _____	
Corrective Action	
_____ _____ _____ _____	
Follow-Up	
Improvement Goal: _____ _____ _____	
Consequences: _____ _____ _____	
_____ Employee Signature	_____ Doctor Signature