



# Record of Disciplinary Action

Employee Name	Employee Title
Manager Name	Manager Title
Today's Date	Incident Date
Incident Time	Incident Location

Description of the incident that occurred:

---

---

---

---

Witnesses to the incident (if applicable):

---

---

---

Names of those in attendance at current disciplinary action meeting:

---

---

---

Corrective or disciplinary action to be taken:

Verbal    Written    Probation    Suspension    Other (explain below)

---

---

---

---

(If on probation, period begins \_\_\_\_\_ and ends \_\_\_\_\_.)

Goals to be Achieved:

---

---

---

Consequences for failure to improve performance or correct behavior:

---

---

---

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

---

---

---

Employee statement:

---

---

---

---

---

---

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Date