



Disciplinary Action Request

Date of Request

Person Filing Complaint

Employee Allegation is against

Job Title

Level I	Level II	Level III
<input type="checkbox"/> Non Compliance with Company Uniform Standards <input type="checkbox"/> Non Compliance with Company Hygiene Standards <input type="checkbox"/> Verbal communication of your personal problems <input type="checkbox"/> Having personal guests in the facility <input type="checkbox"/> Failure to display badge during work assignment <input type="checkbox"/> Failure to utilize proper supervisory chain in execution of job duties <input type="checkbox"/> Failure to abide by company policy <input type="checkbox"/> Accepting any merchandise from a client <input type="checkbox"/> Late arrivals to work assignment <input type="checkbox"/> Use of Tobacco Products on Company Property <input type="checkbox"/> Use of Tobacco Products in the Presence of a Client <input type="checkbox"/> Single Absence from Work Assignment	<input type="checkbox"/> Use of Profanity during work assignment <input type="checkbox"/> Disrespect or bad attitude during work assignment to persons in senior company positions <input type="checkbox"/> Failure to complete hours as dictated by the schedule <input type="checkbox"/> Failure to follow tasks in accordance with the plan <input type="checkbox"/> Wasting time or loitering during work assignment <input type="checkbox"/> Conducting Personal business or affairs during work assignment <input type="checkbox"/> Divulging confidential information about a client (Unintentional) <input type="checkbox"/> Borrowing money from a client	<input type="checkbox"/> Conviction or Involvement in a serious Crime <input type="checkbox"/> Gross Insubordination <input type="checkbox"/> Unauthorized Absence <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Verbal Abuse of Client or Company Staff Member <input type="checkbox"/> Physical Violence or Threats <input type="checkbox"/> Falsification or Forgery of records <input type="checkbox"/> Conviction of Larceny <input type="checkbox"/> Intoxication during work assignment <input type="checkbox"/> Conviction of a DWI in the past 3 years <input type="checkbox"/> Use or possession of a controlled substance <input type="checkbox"/> Possession of a firearm during work assignment <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Divulging Confidential Information about a client (with Intent)

Details of the Complaint

Forwarded to Advisory Committee for Review on Date

Signature of Complainant