



PROGRAM DISCIPLINARY DOCUMENTATION POLICY AND PROCEDURE POLICY # HCSL1004

Violation of House Rules, Policies, and Procedures

INFORMATION

Resident Name: _____
House/Program: _____
Date of Incident: _____
Time of Incident: _____
Location: _____
Staff Member Completing Documentation: _____

TYPE OF DOCUMENTATION

Select all applicable: ☐ Verbal Warning ☐ Written Warning ☐ Final Warning ☐ Corrective Action ☐ Other:

RULE, POLICY, OR PROCEDURE INVOLVED

Policy/Rule Number or Section: _____

Relevant House Rule/Policy: _____

Expected Standard of Conduct: Residents are expected to comply with all Hill Country Sober Living house rules, safety requirements, behavioral expectations, and program policies. Specific expectations should be documented using the program's approved policy language.

DESCRIPTION OF INCIDENT / POLICY VIOLATION

Provide an objective, factual description of what occurred. Include the date, time, location, individuals involved, observed behavior, relevant statements, and actions taken. Avoid conclusions or labels unless they are directly supported by documented evidence.

ABUSE OR SAFETY-RELATED CONCERNS

If the incident involved alleged physical, verbal, emotional, sexual, financial, or other abuse, document the specific behavior or allegation using factual language. Do not investigate or determine guilt in this form. Follow all applicable mandatory-reporting, emergency-response, licensing, and program procedures.

Nature of concern: ☐ Physical ☐ Verbal/Emotional ☐ Sexual ☐ Financial ☐ Threat/Intimidation ☐ Other:

IMMEDIATE ACTIONS TAKEN

- ☐ Resident redirected or instructed to stop the behavior
- ☐ Incident reported to supervisor/program director
- ☐ Other residents separated or safety measures implemented
- ☐ Emergency services contacted, if applicable
- ☐ Medical/mental-health assistance requested, if applicable
- ☐ Appropriate external report made, if required
- ☐ Other: _____

PRIOR DOCUMENTED WARNINGS OR RELATED INCIDENTS

List only relevant, documented prior violations and the dates/actions taken.

CORRECTIVE ACTION / DISCIPLINARY RESPONSE

Action selected: ☐ Verbal warning ☐ Written warning ☐ Behavior agreement ☐ Increased supervision ☐
Restitution/repair, if permitted ☐ Suspension ☐ Discharge/termination from program ☐ Other

Any corrective action should be consistent with the program's written policies, resident agreement, applicable law, and due-process requirements.

RESIDENT RESPONSE

Resident may provide a factual response, explanation, or disagreement with the documentation.

EXPECTATIONS / FOLLOW-UP / STRATEGIC ACCOUNTABILITY PALN

Specific expectation for continued residence:

Required meeting, counseling, education, or other follow-up:

Deadline/date for follow-up:

Staff responsible for follow-up:

11. ACKNOWLEDGMENT

The resident's signature acknowledges receipt and review of this documentation. It does not necessarily indicate agreement with the facts or disciplinary action. Refusal to sign should be documented by staff and should not be represented as an admission.

Resident Signature:	Date:
Staff Signature:	Date:
Supervisor/Program Director:	Date:
Witness, if applicable:	Date:

12. CONFIDENTIALITY / RECORDKEEPING

Maintain this document according to the Hill Country Sober Living program's record-retention, confidentiality, privacy, and incident-reporting requirements. Share information only with individuals authorized to receive it. If an allegation involves abuse, neglect, threats, or immediate danger, follow applicable reporting and emergency procedures rather than relying solely on this form.