



Disciplinary Action

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

Witnesses: (if applicable)

Policies Violated:

Description of the incident that occurred:

Disciplinary action to be taken: (circle appropriate category)

Verbal Written Suspension Other (if so, please explain below)



Consequences of repeat offences:

Employee explanation: (if provided)

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

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

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