EMPLOYEE DISCIPLINARY ACTION FORM

I. EMPLOYEE INFORMATION

Employee Name: _____
Job Title: _____
Department: _____
Supervisor/Manager Name: _____
Date of Action: _____

II. TYPE OF DISCIPLINARY ACTION

This document serves as a formal record of the following disciplinary action:

_____

III. DETAILS OF THE INCIDENT AND POLICY VIOLATIONS

Date of Incident: _____
Location of Incident: _____

Statement of Misconduct / Performance Issue:
[Describe the specific incident, performance deficiency, or conduct issue in detail, including dates, times, and any witnesses to the event]

Company Policy Violations:
The Employee's conduct as described above constitutes a direct violation of the following company policies, procedures, and/or professional standards:
[List specific policy names, handbook sections, or rules violated, e.g., Employee Handbook Section 4.2: Attendance and Punctuality]

IV. PRIOR WARNINGS AND DISCIPLINARY HISTORY

A review of the Employee's personnel file indicates the following prior disciplinary actions or documented coaching sessions:
1. Prior Action: _____ | Date: _____ | Reason:

_____

2. Prior Action: _____ | Date: _____ | Reason:

_____

V. CORRECTIVE ACTION PLAN AND EXPECTED PERFORMANCE

To resolve this disciplinary issue and prevent further action, the Employee must immediately complete and maintain the following corrective actions:

1. **Immediate Improvement Required:** _____
2. **Timeline for Evaluation:** _____
3. **Support and Resources:** _____

VI. CONSEQUENCES OF NONCOMPLIANCE

Failure to immediately correct the performance or conduct issues detailed in this document, or any subsequent violation of Company policies, will result in further disciplinary action, up to and including immediate termination of employment.

VII. ACKNOWLEDGMENT AND SIGNATURES

By signing below, the issuing representative certifies that this disciplinary action was discussed with the Employee on the date indicated. By signing below, the Employee acknowledges receipt of this disciplinary action form. The Employee's signature does not necessarily indicate agreement with the findings or statements contained herein, but confirms that the matter has been discussed and the document has been received.

ISSUING REPRESENTATIVE

Signature: _____
Print Name: _____
Title: _____
Date: _____

EMPLOYEE

Signature: _____
Print Name: _____

Date: _____

WITNESS / COMPLAINANT / REPORTING PERSON (IF APPLICABLE)

Signature: _____

Print Name: _____

Title/Role: _____

Date: _____