Disciplinary/Counseling Report

|  |  |  |
| --- | --- | --- |
|  Name:  |  Dept:  |  Date:  |
| Date of occurrence: | Time: | Location: |

**ACTION TAKEN**:

|  |  |  |
| --- | --- | --- |
| □ Coaching | □ Verbal warning | □ Written warning |
| □ Suspension \_\_\_\_\_day(s) | □ Termination | □ Other:  |

(Depending on the nature of the offense, [Company Name] reserves the right to skip any steps at its discretion.)

**DESCRIPTION OF ISSUE:**

|  |  |  |
| --- | --- | --- |
| □ Absenteeism | □ Conduct |  □ Safety violation |
| □ Policy and/or procedure violation | □ Unsatisfactory job performance |  □ Other: |

**EXPLANATION:**

**GOALS/CORRECTIVE BEHAVIOR:**

Should your record continue to be unacceptable in the above area(s), the company will find it necessary to take the following disciplinary action (or more depending on the situation):

|  |  |
| --- | --- |
|  □ Written warning |  □ Suspension \_\_\_\_\_day(s) |
|  □ Termination |  □ Other:  |

**EMPLOYEE COMMENTS:**

You are formally being warned to bring to your attention the severity of this situation. Failure to correct this behavior and/or further violation of company policy will result in additional disciplinary action up to and including discharge. By signing below you acknowledge that you have received this notice.

|  |  |
| --- | --- |
| Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_ |
| Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_ |
| HR Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_ |