**Employee Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Employee ID (if applicable) |  |
| Department: |  | Job Title: |  |
| Supervisor Name: | [Supervisor] | Date of Incident: | [Date] |

**Type of Disciplinary Action** *(Check the appropriate box)*

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal Warning | Written Warning | Final Warning | Suspension |
| Termination | Other (please specify): |  |  |

**Description of Incident/Performance Issue**

Provide a detailed description of the incident or performance issue, including relevant dates, times, and any witness statements:

|  |
| --- |
|  |
|  |

**Policy/Procedure Violated**

*(Specify the company policy, code of conduct, or performance standard that was violated)*

|  |
| --- |
|  |
|  |

**Previous Disciplinary Actions (if any)**

Document any prior incidents or actions taken related to this issue:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | [Date] | Type of Action: |  |
| Details: |  | | |
|  | | |

**Employee Explanation**

Employee’s response or explanation regarding the incident (optional):

|  |
| --- |
|  |
|  |

**Corrective Action Plan**

Outline the actions the employee must take to address the issue and the expected timeline for improvement:

|  |
| --- |
|  |
|  |
|  |
|  |

**Expected Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consequences for Non-Compliance**

Failure to meet the requirements outlined above may result in further disciplinary action, up to and including termination.

**Acknowledgment of Receipt**

By signing below, the employee acknowledges receipt of this Disciplinary Action Form and understands the corrective actions required. This acknowledgment does not necessarily indicate agreement with the action taken.

|  |  |
| --- | --- |
| Employee Signature & Date | Employee Signature |
| Supervisor/Manager Signature & Date: | Manager |
| HR Representative Signature & Date: | Representative |

**Follow-Up Review**

*(To be completed by the supervisor after the corrective action period)*

|  |  |  |  |
| --- | --- | --- | --- |
| Follow-up Date: | [Date] | Outcome of Follow-up | Issue resolved  Further action required |

**Comments:**

|  |
| --- |
|  |
|  |