

**DISCIPLINARY ACTION FORM**

EMPLOYEE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

**TYPE OF ACTION:**

- Verbal Warning (Dept. File Only)
- Write Up
- Suspension:    Begins: \_\_\_\_\_                      Ends: \_\_\_\_\_
- Termination:    Effective: \_\_\_\_\_

**Date(s) of Incident:** \_\_\_\_\_                      **Time of Incident:** \_\_\_\_\_

Description of the Incident(s) or Behavior(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reported by:**

Other Individuals who may have information:  
\_\_\_\_\_

Supporting Evidence, if any (please describe; attach copies of any documentation):  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supporting Documentation, if any (please describe; attach copies of any documentation):**

\_\_\_\_\_  
\_\_\_\_\_

**Corrective Action Plan:**

\_\_\_\_\_  
\_\_\_\_\_

**Next Action Step if Problem Continues:**

\_\_\_\_\_  
\_\_\_\_\_

**Follow up**

- Two weeks                       One month                       Three months                       Six months

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Employee Refused to Sign**

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date