Discipline Documentation Form

Employee Information

Name of
Employee:_____

Employee's Job Title:
_____

Incident Information

Date/Time of
Incident:_____

Location of
Incident:_____

Description of
Incident:_____
_____
_____
_____

Witnesses to Incident:
_____

Was this incident in violation of a company policy? **Yes** **No**

If yes, specify which policy and how the incident violated it.
_____
_____
_____

Action Taken

What action will be taken against the employee?
_____
_____

Has the impropriety of the employee's actions been explained to the employee?
Yes **No**

Did the employee offer any explanation for the conduct? If so, what was it?
_____
_____

Signature of person preparing report:
_____

Date:_____