|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Employee ID: |  |
| Department: |  | Position: |  |
| Date of Incident: | [Date] | Date of Report: | [Date] |

**Incident Details**

|  |
| --- |
| **Description of Incident**: |
| (Provide a detailed description of the incident, including what happened, when, where, and who was involved) |
|  |
|  |

**Policy or Rule Violated**:

|  |
| --- |
| (State the specific policy or rule the employee violated) |
|  |
|  |

**Prior Warnings or Related Incidents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Type of Warning** | **Description** | **Issued By** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Disciplinary Action Taken**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Action** (Select all that apply): | Verbal Warning | Written Warning | Suspension (Duration: [X] days |
| Probation | Demotion | Termination |
| Other: |  |  |

**Description of Action Taken**:

|  |
| --- |
| (Explain the disciplinary action, including any specific conditions, probationary terms, or additional actions) |
|  |
|  |

**Improvement Plan**

**Corrective Actions Required**:

|  |  |  |  |
| --- | --- | --- | --- |
| (List specific actions the employee must take to address the issue) | | | |
|  | | | |
| Deadline for Improvement: |  | Review Date: |  |

**Employee Response**

|  |
| --- |
| (Allow the employee to provide a response to the incident or disciplinary action) |
|  |
|  |

**Signatures**

I acknowledge that I have received this disciplinary action form and understand the corrective actions required.

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