**Code of Conduct Violation Report**

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| **Company Name:** |  | **Department:** |  |
| **Date of Report:** |  | **Report No:** |  |

**1. Employee Information**

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| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| **Designation/Position:** |  | **Supervisor/Manager:** |  |
| **Date of Incident:** |  | **Location of Incident:** |  |

**2. Nature of Violation**

*(Select or describe the applicable type of misconduct)*

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Breach of confidentiality | ☐ Misuse of company property | ☐ Discrimination or harassment | ☐ Conflict of interest |
| ☐ Attendance or punctuality issue | ☐ Misrepresentation or dishonesty | ☐ Violation of company policies | ☐ Other (please specify): |

**3. Description of Incident**

*(Provide a factual, detailed account of the event or behavior observed)*

Example:  
On September 25, 2025, the employee was found sharing confidential financial data with an unauthorized third party via personal email, violating company data policy section 4.3.

**Detailed Description:**

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**4. Witness Information (if applicable)**

* **Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Info:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Statement(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Evidence or Documentation**

*(Attach or list supporting materials such as emails, reports, or CCTV footage)*

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**6. Immediate Action Taken**

*(Mention any temporary or disciplinary actions taken immediately after the incident)*

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**7. Investigation Summary (to be filled by HR or Compliance Officer)**

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| --- | --- | --- | --- |
| **Investigator Name:** |  | **Investigation Date(s):** |  |
| **Findings:** |  | **Recommended Action:** |  |

**8. Disciplinary Action (if applicable)**

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| --- | --- | --- | --- |
| ☐ Verbal Warning | ☐ Written Warning | ☐ Suspension | ☐ Termination |
| ☐ Counseling / Retraining | ☐ Other: |  |  |

**Effective Date of Action:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Employee Acknowledgment**

I acknowledge that I have reviewed and received a copy of this report. My signature does not necessarily indicate agreement with the findings.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Authorized Signatures**

**Supervisor/Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  
 **HR Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  
 **Witness (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Notes / Additional Comments**

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