**Confidential Employee Counseling Record Form**

**Note:** This record is confidential and should be stored securely in accordance with company policy and data protection regulations. Access is limited to authorized personnel only.

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |
| Department |  | Job Title |  |
| Date of Counseling |  | Counselor Name |  |
| Session Number | ☐ 1 ☐ 2 ☐ 3 ☐ Follow-up | Session Type | ☐ In-person ☐ Online ☐ Phone |

**Section 2: Reason for Counseling**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Work-related stress | ☐ Conflict with colleague or supervisor | ☐ Job performance concerns | ☐ Personal or family issues |
| ☐ Health or wellness concerns | ☐ Other: |  |  |

**Brief Description:**

|  |
| --- |
|  |
|  |

**Section 3: Counselor’s Observations**

|  |  |
| --- | --- |
| **Observation Area** | **Notes** |
| Emotional state |  |
| Attitude toward work |  |
| Behavior during session |  |
| Key concerns raised |  |

**Section 4: Discussion Summary**

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

**Identified Causes:**  
☐ Workplace factors ☐ Personal factors ☐ Both  
**Impact on performance:** ☐ Yes ☐ No

**Section 5: Action Plan / Recommendations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Step** | **Responsibility** | **Timeline** | **Follow-up Date** |
|  | Employee |  |  |
|  | Supervisor |  |  |
|  | Counselor |  |  |

**Additional Support Required:**  
☐ HR Involvement ☐ Training/Workshop ☐ Medical Referral ☐ Other: \_\_\_\_\_\_\_\_\_\_

**Section 6: Follow-Up Notes (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Follow-Up Date** | **Notes / Progress Summary** | **Counselor Initials** |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 7: Confidentiality and Signatures**

I understand that this record is confidential and will not be disclosed except with my consent or as required by law.

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| Employee |  |  |  |
| Counselor |  |  |  |
| HR Representative (if applicable) |  |  |  |