**IT or Internet Policy Violation Form**

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John Smith | Employee ID | IT-2045 |
| Department | Information Technology | Job Title | Network Administrator |
| Supervisor | Sarah Williams | Date of Report | 10-Oct-2025 |

**Section 2: Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Details** | | |
| Date & Time of Incident | 08-Oct-2025, 2:15 PM | Location / Device Used | Office Workstation – PC #12 |
| Type of Violation | Unauthorized Website Access | | |
| Policy Violated | Internet Usage Policy – Clause 4.3 (Non-work-related access) | | |
| Description of Incident | Employee was found accessing a restricted social media site during work hours using company network. Logs from the IT department confirm repeated access over three days. | | |

**Section 3: Evidence Attached**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Screenshot(s) | ☐ Network Logs | ☐ Witness Statement | ☐ Email Communication |
| ☐ Other (Specify): | | | |

**Section 4: Immediate Action Taken**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Type** | **Description** | **Date** | **Authorized By** |
| Verbal Warning | Employee counseled about policy misuse | 08-Oct-2025 | IT Supervisor |
| Access Restriction | Temporary suspension of non-essential internet access | 09-Oct-2025 | IT Manager |

**Section 5: Employee Statement**

**Employee Explanation (if any):**

“I accessed the website briefly during a lunch break and was unaware it violated company policy. I will ensure compliance moving forward.”

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

**Section 6: Management Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reviewer** | **Designation** | **Findings / Decision** | **Signature** | **Date** |
| Sarah Williams | Supervisor | Warning issued; retraining on IT policies recommended. |  |  |
| Mark Allen | HR Manager | Policy re-acknowledgment required. |  |  |

**Section 7: Corrective Action / Follow-Up**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Responsible Person** | **Completion Date** | **Remarks** |
| Employee to attend IT compliance session | HR Department | 15-Oct-2025 | Scheduled |
| Access to be restored after 7 days | IT Manager | 17-Oct-2025 | Pending |

**Section 8: Acknowledgment**

I acknowledge that I have reviewed this report and understand the findings and corrective actions.

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