**Policy Violation Acknowledgment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Department:** |  | **Date:** |  |

**1. Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-1025 |
| **Job Title:** | Sales Executive | **Supervisor/Manager:** | Sarah Collins |
| **Date of Incident:** | September 25, 2025 | **Location:** | Main Office – Sales Division |

**2. Description of Violation**

*(Provide a brief but clear description of the incident and the company policy that was violated.)*

**Example:**  
Employee was found sharing confidential client data through an unauthorized email account, violating the company’s Data Privacy and Confidentiality Policy (Policy Code DP-003).

**3. Policy Reference**

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Name** | **Policy Code** | **Section/Clause** | **Description** |
| Data Privacy & Confidentiality Policy | DP-003 | Section 4.2 | Protects client data and prohibits unauthorized data sharing. |

**4. Disciplinary Action Taken**

|  |  |  |
| --- | --- | --- |
| **Action Type** | **Effective Date** | **Remarks** |
| Written Warning | 26-Sep-2025 | Employee was reminded of confidentiality obligations and required to attend data security training. |

**5. Employee Acknowledgment**

I, the undersigned, acknowledge that I have been informed of the policy violation described above. I understand the nature of the violation, the related policy, and the corrective action taken. I also acknowledge that further violations may result in additional disciplinary action up to and including termination of employment.

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

**Supervisor/Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Notes / Follow-Up Actions (if any)**

| **Date** | **Follow-Up Action** | **Responsible Person** | **Completion Status** |
| --- | --- | --- | --- |
| 10-Oct-2025 | Data security training completed | HR Department | ✔ Completed |

**7. File Reference**

| **Document Filed By** | **Date Filed** | **File Location** |
| --- | --- | --- |
| HR Compliance Officer | 27-Sep-2025 | HR/Discipline/EMP-1025 |