

EMPLOYEE COUNSELING INCIDENT FORM

Identification

Employee Name: _____
Employee Position: _____
Location: _____

Date of Counseling: _____
Department: _____
Employee Supervisor: _____

Type of Counseling

☐ Informal

☐ Formal

Description of Concern (describe what happened, include date(s), witnesses if any, previous counseling – specify informal or formal)

Supervisor's Summary of Employee's Statement

Disciplinary Action (if any)

☐ Suspension

☐ Improvement Plan

☐ Final Counseling

(check all that apply)

Expectations (What is expected of the employee to correct the concern?)

Action Plan (What steps will be taken to ensure the concern is corrected?)

Immediate and sustained improvement is required. Failure to do so will result in appropriate disciplinary action up to and including termination.

Acknowledgements

By signing this form, you confirm that you understand the information in this counseling document. You also confirm that you and your supervisor have discussed this concern and plan for improvement. Signing this counseling document does not necessarily indicate that you agree with the statement(s) included.

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Witness Signature: _____

Date: _____

(If employee refuses to sign this counseling document)