



Employee Discipline Form California

Employee Details

- Name: _____
- ID: _____
- Position: _____
- Department: _____
- Date of Discipline: _____

Incident Report

- Incident Date: _____
- Incident Location: _____
- Witness(es): _____
- Detailed Description of Incident:

Action Checklist

- Verbal Warning
- Written Warning
- Performance Improvement Plan
- Suspension
- Termination
- Specify Other Action: _____

Management Review

- Reviewed by: _____ (Name and Position)
- Comments:

- Signature: _____

- Date: _____

Employee Statement

- Employee's Comments (if any):

- Signature: _____
- Date: _____