

Employee Disciplinary Action Report Form

Employee Information

Full Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Incident Details

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Description of Incident:

Policy or Rule Violated

Attendance Policy

Code of Conduct

Safety Guidelines

Other: _____

Actions Taken

Verbal Warning

Written Warning

Suspension (Specify Duration): _____

Termination

Employee Acknowledgment

I have reviewed the above incident and actions taken. My signature does not imply agreement but acknowledges receipt of this report.

Employee Signature: _____

Date: _____

Manager Information

Manager Name: _____

Signature: _____

Date: _____