

# Employee Corrective Action Counseling Form

## Employee Information

- Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Department: \_\_\_\_\_
- Supervisor: \_\_\_\_\_

## Incident Summary

- Date of Incident: \_\_\_\_\_
- Type of Issue: \_\_\_\_\_
- Description of Incident: \_\_\_\_\_
- Witness Names: \_\_\_\_\_

## Action Taken

- Verbal Counseling
- Written Warning
- Suspension
- Termination Recommendation

## Improvement Plan

- Training Required: \_\_\_\_\_
- Expected Outcome: \_\_\_\_\_
- Follow-up Meeting Date: \_\_\_\_\_

## Employee Statement

- Employee Response: \_\_\_\_\_

## Acknowledgment & Agreement

- I understand the concerns discussed and agree to improve my performance.

I disagree with the assessment but acknowledge receipt of this counseling form.

### Signatures

- Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_
- HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_