Disciplinary action form

Employee name and ID: _____

Job title and department: _____

Supervisor: _____

Date of this action: _____

Discipline step

☐ Step 1: documented verbal ☐ Step 2: written ☐ Step 3: final written ☐ Suspension (dates) ☐ Termination

Incident

Date(s), time and place: _____

Description (facts only): _____

(continued): _____

Policy, rule or standard: _____

Evidence reviewed (records, video, witnesses):

_____

Prior discipline on this or related issues

Date	Step	Issue

Corrective action plan

Expected improvement: _____

Deadline or review date: _____

Support provided: _____

Consequence of further violations: _____

Employee comments: _____

My signature confirms that this write-up was discussed with me and that I received a copy. It does not mean I agree. I may attach a written response.

_____ _____

Employee signature Date

_____ _____

Supervisor signature Date

Free template from workzenly.com

HR or second manager

Date