



Disciplinary Action Form

Team Member Name: _____

Date of Incident Resulting in Disciplinary Action: _____ Time: _____ AM/PM

Nature of Incident (*check all that apply*)

- | | | |
|--|--|---|
| <input type="checkbox"/> Tardiness / Absenteeism | <input type="checkbox"/> Customer Courtesy | <input type="checkbox"/> Policy Violation |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Substandard Quality of Work | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Conduct | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Safety / Security | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Other _____ |

Brief Description of Incident:

Previous Challenges (*check all that apply*)

- | | |
|--|-------------|
| <input type="checkbox"/> Discussion with Team Member (Note to File). | Date: _____ |
| <input type="checkbox"/> Training with Team Member (Training Action Form). | Date: _____ |
| <input type="checkbox"/> Prior Disciplinary Action Form. | Date: _____ |

Corrective action to be taken (*use reverse side if necessary*):

Team Member's Remarks (*use reverse side if necessary*):

The absence of any statement on the part of the team member indicates his/her agreement with the report as stated. I have entered my version of the matter above. I hereby acknowledge that I have read and understand the contents, both verbal and written, of this form with regard to my job performance. The above will be made part of my record, as of this date.

Team Member's Signature: _____ Date: _____
Manager's Signature: _____ Date: _____
Witness Signature: _____ Date: _____