DISCIPLINARY ACTION FORM

Employee Name: _____ Employee ID: _____

Department: _____ Supervisor: _____

Type of Disciplinary Action:

- ☐ Verbal Warning
- ☐ Written Warning
- ☐ Suspension
- ☐ Termination
- ☐ Other

Date of Incident: _____

Description of Incident:

Provide a detailed and factual description of the incident or behavior that resulted in this disciplinary action. Include dates, times, locations, and any relevant witnesses.

Previous Disciplinary Actions:

List any prior disciplinary actions taken with respect to the employee that are relevant to this matter, including dates and types of actions.

Corrective Action Required:

Specify the corrective measures the employee must take to address the behavior or incident. Include any deadlines or follow-up procedures.

Employee Acknowledgment:

By signing below, the employee acknowledges receipt of this disciplinary action, understands the contents, and is aware of the consequences of further violations. This acknowledgment does not necessarily indicate agreement with the disciplinary action.

Employee Signature	**Supervisor Signature**
Signature: _____	Signature: _____
Date: _____	Date: _____

This Disciplinary Action Form is a legal document intended to record formal disciplinary measures taken by the employer and is governed by applicable United States federal, state, and local laws. This document and any actions thereunder are subject to company policies and employee agreements.