**DISCIPLINE ACTION REPORTING FORM**

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| **Discipline Action Reporting Form** |
| Name: | Position: | Reporting Supervisor: |
| Department: | Date of Incident: | Time: | Date of Report: |
| Type of Incident: | * Unsafe Behavior
* Non-Compliance with corporate policy, rule, or principles
 | * Workplace Violence
* Other
 |
| Progressive Discipline Process: | * + 1st incident Date: \_\_\_\_\_\_\_\_\_\_ Ref# \_\_\_\_\_\_\_\_\_\_
	+ 2nd incident Date: \_\_\_\_\_\_\_\_\_\_ Ref# \_\_\_\_\_\_\_\_\_\_
	+ 3rd incident Date: \_\_\_\_\_\_\_\_\_\_ Ref# \_\_\_\_\_\_\_\_\_\_
	+ Critical incident
 |
| Description of Incident: |
| Supervisor Recommendation: |
| Employee Response: |
| Management Decision: |
| Employee Signature:  | Date: \_\_\_\_\_\_\_\_\_\_ |
| Supervisor Signature:  | Date: \_\_\_\_\_\_\_\_\_\_ |
| Manager Signature:  | Date: \_\_\_\_\_\_\_\_\_\_ |