



Disciplinary Action Report

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| Date of Occurrence | Date of Counseling |
| Employee Name | Counselor's Name |
| Nature of Counseling | |
| Written Warning | |
| Incident: | |
| Actions Taken: | |
| Failure to comply with any or all of the above stated actions may result in further disciplinary action up to and including termination. | |
| <p><i>This constitutes a formal reprimand to you. You have the right to write a response to this reprimand within the next two (2) working days. If you choose to do so, your response will be attached to this reprimand and placed in your personnel file.</i></p> <p><i>My signature below indicates that I have read this reprimand and that I have had the opportunity to review it with my supervisor. My signature does not indicate whether or not I agree with the contents of the reprimand.</i></p> | |
| Signature of Employee | Date: |
| Signature of Supervisor | Date: |
| Signature of Manager | Date: |