**DISCIPLINE ACTION REPORTING FORM**

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| **Discipline Action Reporting Form** | | | |
| Name: | Position: | | Reporting Supervisor: |
| Department: | Date of Incident: | | 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: \_\_\_\_\_\_\_\_\_\_ | |