

# Disciplinary Action Record

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

    Date Reported: \_\_\_\_\_

Type of Infraction: \_\_\_\_\_

Description of Incident:

\_\_\_\_\_

Action Taken:

\_\_\_\_\_

Further Action / Follow-Up:

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
Date