



### EMPLOYEE WARNING / INCIDENT REPORT FORM

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Is this a \_\_\_\_\_ Warning or an \_\_\_\_\_ Incident Report?

Does this include Probation? If so, what is the period of Probation: \_\_\_\_\_

If a previous discipline meeting occurred with this Employee, enter date: \_\_\_\_\_

#### Reasons for Warning/Incident Report:

\_\_\_\_\_ Absenteeism    \_\_\_\_\_ Failure to follow procedure    \_\_\_\_\_ Rudeness  
\_\_\_\_\_ Tardiness    \_\_\_\_\_ Failure to meet performance    \_\_\_\_\_ Refusal to work overtime  
\_\_\_\_\_ Policy violation    \_\_\_\_\_ Aggressive behavior / Fighting    \_\_\_\_\_ Language  
\_\_\_\_\_ Other \_\_\_\_\_

Details of actions that warranted this warning: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following immediate and sustained corrective action must be taken by the employee, failure to do so will result in further disciplinary action up to and including termination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Employee has been counseled concerning this matter:

\_\_\_\_\_ in person    \_\_\_\_\_ by telephone    \_\_\_\_\_ by email on date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

#### EMPLOYEE'S ACKNOWLEDGMENT OF RECEIPT

The undersigned acknowledges receiving a copy of this form.

This signature does not indicate that I agree with the content of this form.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date