Discipline documentation form

**EMPLOYEE INFORMATION**

EMPLOYEE NAME: JOB TITLE:

**INCIDENT INFORMATION**

DATE/TIME OF INCIDENT: LOCATION:

DESCRIPTION OF INAPPROPRIATE BEHAVIOR:

**ACTION TAKEN**

ACTION TO CORRECT BEHAVIOR:

FUTURE CONSEQUENCES OF NOT CORRECTING THE BEHAVIOR:

EMPLOYEE REMARKS:

I have read the above and discussed it with my supervisor. I understand that my signing this form does not necessarily mean that I agree with its contents.

Signed Date

 (Employee)

Signed Date

 (Supervisor)

\*\*\*THE COMPANY IS AN AT-WILL EMPLOYER, MEANING THAT EITHER THE COMPANY OR THE EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON.\*\*\*