

CHOICES IN COMMUNITY LIVING
DISCIPLINARY ACTION FORM

| | | |
|---|----------------------------|--------------------------------|
| NAME: | DATE: | |
| POSITION: | DATE OF HIRE: | |
| VIOLATION DETAILS: DATE OF INCIDENT _____ LOCATION: _____ | | |
| DESCRIBE THE EVENT IN DETAIL: _____ _____ | | |
| APPLICABLE RULE OR POLICY: _____ | | |
| DISCIPLINARY ACTION TAKEN FOR CURRENT VIOLATION: <input type="checkbox"/> FIRST WRITTEN <input type="checkbox"/> SECOND WRITTEN <input type="checkbox"/> FINAL WRITTEN <input type="checkbox"/> TERMINATION | | |
| PREVIOUS DISCIPLINE: <input type="checkbox"/> YES OR <input type="checkbox"/> NO | | |
| <u>DATE</u> | <u>ACTION TAKEN</u> | <u>REASON/VIOLATION</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| <i>With my signature below, I acknowledge that it is my responsibility to correct the concern listed on this document. I understand that failure to correct said concern can result in termination.</i> | | |
| Employee Signature: _____ | | Date: _____ |
| Supervisor Signature: _____ | | Date: _____ |
| <input type="checkbox"/> Employee Refused to Sign | | |