***Note:*** *You are free to modify this employee disciplinary action template according to what you deem appropriate. The information in RED are the fields you need to fill out.*

## **Employee Disciplinary Action Form**

**Date:**

| **Employee Information** | |
| --- | --- |
| * **Employee Name:** John Doe * **Employee ID:** 14344 * **Department:** Sales * **Manager:** Andrew Lim * **Position:** Sales Representative * **Date of Hire:** 3/14/16 | |
| **Incident Details** | |
| * **Date of Incident:** September 25, 2024 * **Time of Incident:** 1:30 PM * **Location:** Downtown Nashville * **Description of Incident:**   John was observed using his personal cell phone during a client meeting, which is against company policy. The client reported feeling ignored and disrespected. This behavior is unacceptable and goes against our professional conduct standards.  **Note:** This is his second offense. A similar incident occurred on May 15, 2024, where John was given a verbal warning for using his phone during a team presentation.   * **Evidentiary Materials (Attach any documents possible to this form for filing):** * Client complaint email dated September 25, 2024 * Meeting room security camera footage (September 25, 2024, 2:00 PM - 3:30 PM) * John’s cell phone usage log for September 25, 2024 * Witness statement from colleague present at the meeting * Copy of previous verbal warning dated May 15, 2024 * Company policy handbook section on client meeting conduct | |
| **Type of Violation (tick the box)** | |
| [ ] Attendance  [ ] Performance  [ ✓] Conduct  [ ] Safety  [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Disciplinary Action** | |
| [ ] Verbal Warning  [✓ ] Written Warning  [ ] Suspension (From: \_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_)  [ ] Probation  [ ] Termination | |
| **Improvement Plan** | |
| Steps for Improvement:   1. John must review and acknowledge understanding of the company’s client meeting protocol within three days. 2. John will attend a professional conduct workshop within the next two weeks. 3. Trans manager will conduct weekly check-ins for the next month to ensure compliance with company policies. 4. Any further violations may result in more severe disciplinary actions up to and including termination.   Timeline for Improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Follow-up Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Acknowledgment** | |
| **Employee:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Printed Name Over Signature)**  **Date:** | **Witness (if applicable)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Printed Name Over Signature)**  **Date:** |
| **Supervisor:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Printed Name Over Signature)**  **Date:** | **HR Representative:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Printed Name Over Signature)**  **Date:** |

**Refusal Acknowledgement**

I refuse to sign the disciplinary action form. I understand that my refusal does not invalidate this disciplinary action.

* (Optional) I refuse to sign this because:

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**Employee:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Printed Name Over Signature)**

**Date:**

**Supervisor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Printed Name Over Signature)**

**Date:**