***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:**