

# DISCIPLINARY ACTION REPORT

## CONFIDENTIAL

### CLIENT INFORMATION:

Company: \_\_\_\_\_

Violation Date: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employee Name: \_\_\_\_\_

### Violation:

Alcohol/Drug Abuse

Personal Work

Attendance

Quality of Work

Attitude

Safety

Carelessness

Tardiness

Conduct

Work Rules

Fighting

Other

Insubordination

### Company Statement:

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### Employee Statement:

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My signature below indicates that I am committed to making the necessary changes to be successful in my position.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

My signature below indicates that I am committed to helping you be successful.

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

Date \_\_\_\_\_