

Corrective Action Report

Employee Name

Position

Company Name

Department

Last 4 Digits of SSN

Date of Incident

Policy/Procedure Violation:

Describe Facts in Detail:

To avoid the consequences of further discipline, the employee must take the following action: (Explain in specific detail so the employee can measure their progress.)

- ☐ I acknowledge receipt of this warning and understand that further incidents will result in disciplinary action, up to and including termination.
- ☐ I acknowledge receipt of this warning but disagree with its contents. Additional comments are attached.

Employee Signature

Employee Signature Date

Supervisor Signature

Supervisor Signature Date