Print Reset

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 Signture _____ Supervisor Signature Date _____