Post Office Box 1521 417 Holcomb Street Springdale, AR 72765-1521 Phone (479) 751-4510 Fax (479) 750-8104

Springdale Fire Department

Memorandum

Employee's Name

CC:	Your Immediate Supervisor
From:	Officer's Name who is Administering Reprimand
Date:	Today's Date
Re:	Oral Reprimand
This memorandum is documentation of an oral reprimand for Employee's Name as a result of your	
Actions, Misco	onduct, Behavior, etc. as described in the Rules and Regulations of the Springdale
Civil Service Commission, Chapter as applicable Section as applicable.	
This oral reprim	nand is based on the fact that you Specific actions, be as detailed as possible,
ncluding past incidents related to this event and extenuating circumstances as applicable	
Any further incidents of this nature will result in increased disciplinary action including, but not limited to written reprimand, suspension, demotion, or discharge.	
This oral reprimand will become part of your permanent personnel file in accordance with the Springdale Civil Service Commission Rules and Regulations; Chapter 8, Section 3: "Oral Reprimand".	
Personnel Nam	ie
Officer	
Officer's Supe	ervisor

To: