

Date of Incident _____	Property _____
Team Member Name _____	Department _____
Date of Discussion _____	Position _____

Reason for Discussion/Documentation:

- Verbal
 Written Warning
 Suspension Pending Investigation
 Suspension
 Final Written

1. Details of incident/statement of the problem/behavior:

2. Has the team member received prior discussion or warning within the past 12 months?

- Yes No If yes, date? _____
 Verbal Written (Include description of prior incident(s), dates and comments)

3. Statement of corrective action taken: (Include Days Suspended, Reductions or Objective Goals and dates for follow-up, if applicable)

4. Team Member Comments:

I have read this corrective action report and have been given an opportunity to discuss it with my Supervisor/Department Head. I can make comments that I feel are appropriate to the documentation. My signature below indicates that I am in receipt of this notice. **I understand that any further infraction may result in disciplinary action, up to and including termination.**

_____ Team Member Signature	_____ Date	_____ Supervisor/Department Head	_____ Date
_____ Witness/Interpreter	_____ Date	_____ Human Resources	_____ Date

