



**Jan-Care Ambulance  
Notice of Reprimand**

**JC 315**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Division Assignment: \_\_\_\_\_

Shift: \_\_\_\_\_

Complaint Type	Source of Complaint	Action Taken
Belligerent/Unprofessionalism	Patient	Remediation
Driving Related	Patient Family Member	Written Reprimand
Ambulance/Station Cleanliness	Health Care Professional	Suspension
Lost Equipment	Government Entity	Termination
Inappropriate Behavior	Supervisor/Manager	Other:
OSHA Infraction	Dispatch	
Smoking in Station	Other:	
Incomplete Paperwork	Date of Incident: ____/____/____ Time ____:____ Location of Incident:	
Insubordination		
Late/Absent		
Uniform Violation		
Other		
Driving Related Cam Activated		

**Infraction Discription**

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**Employee Rebuttle:**

I agree with Statement

I disagree with Statement

\_\_\_\_\_

\_\_\_\_\_

I have read this reprimand and understand It.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Chief/Supervisor/Manager Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Lt/Supervisor/Manager Date