

CORRECTIVE ACTION FORM

Employee Name _____ Date _____

Department _____

Position _____

Date of Incident _____ Time _____

Reason for Corrective Action: _____

Details of What Happened: _____

What is Wrong? How action effects operations? _____

What must be done to correct problem? _____

Employee's Comments: _____

Supervisor's Comments: _____

Progressive Disciplinary Action Taken:

☐ Verbal Warning Follow-Up Meeting Date, if any _____

☐ Written Reprimand Follow-Up Meeting Date, if any _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____