

# 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 \_\_\_\_\_