**Employee Name:** Click or tap here to enter text.

**Employee Number:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Investigation Supervisor:** Click or tap here to enter text.

**Date of Incident:** Click or tap here to enter text.

**Summary and Findings (Include Violations)** [ ]  **Check here if there are no violations**

Click or tap here to enter text.

**Employee Statements**

Click or tap here to enter text.

**Discipline**

[ ] **No Discipline Needed**

[ ] **No Formal Discipline / Counseling Only**

[ ] **Written Reprimand**

 [ ] **Suspension** Click or tap here to enter text. **hours**

 [ ] **Demotion**

 [ ] **Recommendation for** **Termination**

**Behavior and/or Performance Expectations**

(i.e. Immediate improvement is required with respect to XXX. Future occurrences may result in further discipline up to and including termination).

Click or tap here to enter text.

**Issuing Supervisor Signature:**

**Date:**

**Employee Signature:**

 **Date:**