

Waccamaw EOC, Inc.
Disciplinary Action Form

Employee Name: _____ Title: _____

Supervisor Name: _____ Today's Date: _____

Incident Information: (Attach Documentation)

Date/Time of Incident: _____ Location: _____

Description of Incident:

Witnesses, if any: _____

Policy/Policies in Violation:

Disciplinary Action: (Attach Documentation)

Disciplinary Action to be Taken:

Consequence(s) if employee repeats offense:

If the Employee has offered an explanation of his/her conduct, explain in detail:

Signing of this document only acknowledges receipt and is not an admittance of guilt.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____