DOCUMENTATION OF EMPLOYEE VERBAL COUNSELING

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Page:** |  | **of** |  | **Employee’s Name:** | Last | First | MI |
| **Career ID:** |       | **Rank:** |       | **Date:** |       |  |
| **Department/Division:** |       | **Station:** |     | **Shift:** |   |
| **Initiating Officer/Supervisor:** | Last | First | MI | **Rank:** |       |
| **Employee Representative (if Present):** |       |

|  |  |
| --- | --- |
| **Is This The Employee’s First Counseling Session?**  | **Yes** **[ ]  No** **[ ]**  |
| **Is This The employee’s First Counseling Session Relative To This Issue?** | **Yes [ ]  No [ ]**  |
| **Dates:** |       |

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| **State reason(s) for counseling session, (include all pertinent details, times, and dates. Use additional forms if necessary):** |
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| **Employee response/comments:** |
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| **SUGGESTIONS FOR IMPROVEMENT** (include all information regarding corrective action, additional training, and the time frames for completion of such training (if applicable): |
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| --- | --- | --- | --- | --- | --- |
| **Initiating Officer/Supervisor:** |  | **Rank:** |  | **Date:** |  |
| **Employee Signature:** |  | **Date:** |  |
| **Battalion/Company Commander Initials:** |  | **Date:** |  |