ShieldHOTELS

# Disciplinary Action Form

## Hotel Information

Hotel Name: _____ Employee's Position:_____

Employee's Name: _____ Employee's Supervisor:_____

## Type of Action

Verbal ☐ 1st Written Warning ☐ 2nd Written ☐ Termination ☐

## Incident Information

Date of Violation: _____ Time of Violation: _____

Type of Violation / Description:_____

_____

_____

_____

Corrective Action Plan:_____

_____

_____

_____

_____

Next Action if Problem Persists:_____

_____

_____

_____

## Signatures

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement.

Employee Signature and Date: _____

Manager/Supervisor Signature and Date:_____

Human Resource Representative Date:_____