[PRACTICE LOGO]

[PRACTICE ADDRESS]

INCIDENT REPORT/REPRIMAND

Employee Name _____ Date:_____

Location: _____

Manager/Supervisor: _____

INCIDENT DESCRIPTION

Date: _____ Time:_____

Location: _____

Please give a brief, written description of the incident:

_____

_____

_____

_____

_____

_____

Resulting Harm:

_____

INCIDENT CATEGORIZATION

Check one or more choices:

☐	Violation of Policy/Procedure	☐	Theft
☐	Tardiness	☐	Violent Act
☐	Un excused absence	☐	Intoxication/Drug Use
☐	Insubordination	☐	Refusal to Perform Task
☐	Disobedience	☐	Failure to Work with Others
☐	Unsafe Acts	☐	Conduct Unbecoming an Employee
☐	Substandard Work Quality	☐	Poor Customer Service
☐	Unproductive	☐	Poor Attitude
☐	Wrongful Conduct	☐	Work Area Unclean
☐	Threats to Others	☐	Other

SAME INCIDENT FREQUENCY

Incident Type	Circle Frequency			
_____	1st offense	2nd	3rd	4th
_____	1st offense	2nd	3rd	4th
_____	1st offense	2nd	3rd	4th

DISCIPLINARY ACTION

☐	Verbal Warning	By:_____
☐	Written Warning	
☐	Probation Period	From: _____To:_____
☐	Suspension:	From: _____To: _____
☐	Demotion	New Position: _____

MANAGER COMMENTS AND ACTION PLAN

_____

Manager Signature/Date

I acknowledge receiving this incident report/reprimand. I understand that further violations may lead to immediate dismissal without further notice.

_____

Employee Signature/Date