

# REQUEST FOR DISCIPLINARY ACTION

**INSTRUCTIONS:** This summary is to be prepared by a supervisor immediately after an incident involving an employee's performance or conduct occurs when the supervisor has a reasonable basis to believe that discipline may be warranted.

**THINGS TO DO:**

- Prepare this Incident Summary.
- Obtain signed witness statements.
- Review the completed Incident Summary with your Department Head or Director promptly and have them sign in the space provided below.
- Submit completed Incident Summary, witness statements and any evidence to Labor Relations – For Time and Attendance issues please submit copy of last written counseling and appropriate time sheets.
- Call Employee and Labor Relations if you have any questions.

## INCIDENT SUMMARY

**Please Print**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Status: Probationary / Temporary / Term / Permanent Shift: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Witnesses: Name(s) \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Did you personally witness incident? \_\_\_\_\_

If not, how did you become aware of incident? \_\_\_\_\_

When did you become aware of the incident? \_\_\_\_\_

Did the incident involve a patient/guest/student? \_\_\_\_\_

If so, did the patient/guest file an incident report? \_\_\_\_\_

Describe what happened in detail, i.e., actions and/or statements of the employee(s), instruction to employee(s), statements of witnesses, physical evidence, and your remarks, what did the employee(s) and you do or say.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor/ Date

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To: Labor Relations: Please investigate this incident to determine if disciplinary action is warranted.

**Employee and Labor Relations:**

	Campus	Zip	Phone	Fax
West Campus	0751		632-6140	632-1360
HSC/UH	8229		444-3780	632-2545
LISVH	9500		444-8617	444-8517

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Signature of Department Head/Director