



EMPLOYEE COUNSELING FORM

Employee Name: _____ Position: _____

Date of Incident: _____

Today's Date: _____

- Commendation
- Verbal/Oral Reprimand
- Written Reprimand
- Suspension - Effective Date: _____ End Date _____

Describe the incident or ongoing situation:

How did the incident affect/impact customers, co-workers or others?

What needs to be done to prevent further occurrences?

Describe the directed action plan.

Employee _____

Date: _____

Department Head _____

Date: _____

Human Resources _____

Date: _____