Waccamaw EOC, Inc.
Disciplinary Action Form

Employee Name: ____________________________  Title: ____________________________

Supervisor Name: ____________________________  Today’s Date: ____________________________

Incident Information: (Attach Documentation)

Date/Time of Incident: ____________________________  Location: ____________________________

Description of Incident:

Witnesses, if any: ____________________________

Policy/Policies in Violation:

Disciplinary Action: (Attach Documentation)

Disciplinary Action to be Taken:

Consequence(s) if employee repeats offense:

If the Employee has offered an explanation of his/her conduct, explain in detail:

Signing of this document only acknowledges receipt and is not an admittance of guilt.

Employee Signature: ____________________________  Date: ____________________________

Supervisor Signature: ____________________________  Date: ____________________________