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**INFORMATION ON EMPLOYEE INCIDENT WARRANTING CORRECTIVE
ACTION**

Name of Employee:

Today's Date:

Program/Dept:

Position:

- 1. Describe incident, including date, time, place, people involved, and any supporting detail:**

- 2. Employee's Response/explanation:**

- 3. Type of Infraction**
Policy/procedure violation, if so, what policy?
Performance Transgression?
Behavior/Conduct Infraction?
Absenteeism and Tardiness?

- 4. Describe impact on the participants, workplace, employees and/or agency (including costs and quality of service):**

- 5. Expected behavior with regard to this incident/situation:**

- 6. Have you addressed a similar performance issue or violation in past with this employee and if so, what was date and subject?**

Type of disciplinary action recommended:

Name of supervisor to issue disciplinary action:

Name of supervisor completing form: