

## DISCIPLINARY INTERVIEW RECORD

<b>Employee Name:</b>		<b>Date of Interview:</b>	/ /20 ....
<b>Date of Incident:</b>		<b>Time of Interview:</b>	
<b>Present at interview:</b>			

<b>Has employee been advised of (any) grievance procedure?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A.
<b>Has employee been offered a witness?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A.

<p><b>What is the alleged misconduct or other matter that the employee is being counselled about?</b> (indicate behaviours and actions, not perceived attitudes)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b><u>Details of Incident:</u></b></p> <p>When did the Incident Happen? _____</p> <p>How did the Incident Happen? _____</p> <p>_____</p> <p>Where did the Incident Happen? _____</p> <p>_____</p> <p>Who was Present at time of Incident? _____</p> <p>_____</p> <p>What were the Resulting Consequences of the Incident? _____</p> <p>_____</p>
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<p><b><u>Employee's Explanation of conduct, including any mitigating circumstances:</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Outcome of Meeting (Decision/Action Plan):**

Consequences if a further incident of a similar nature occurs:

\_\_\_\_\_

\_\_\_\_\_

Corrective coaching, training or development required:

\_\_\_\_\_

\_\_\_\_\_

Target dates for implementation/completion of above:

\_\_\_\_\_

Is a follow-up meeting required?    Yes   No   N.A.

Date of follow-up meeting:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Result of Meeting:                      (Tick One Answer)**

- No action required                      Yes   No
- Verbal Counselling                      Yes   No
- Formal written warning                Yes   No
- Final written warning                Yes   No
- Dismissal                                    Yes   No

**Name of Manager/Supervisor:** \_\_\_\_\_

**Signature of Manager/Supervisor:** \_\_\_\_\_

**Name of Company Witness:** \_\_\_\_\_

**Signature of Company Witness:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

**Signature of Employee:** \_\_\_\_\_

**Name of Employee Witness:** \_\_\_\_\_

**Signature of Employee Witness:** \_\_\_\_\_

**Date:**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note:** If the employee refuses to sign the interview record write "**Employee refused to sign**" in the 'Signature of Employee' field.

**Note:** Signing of this document by an employee is only an acknowledgment of what was said in the interview, not an admission as to facts.

Original to Employee's Personnel File.  
Copy to Employee.