Course of Action Form

Employee name: ___________________________ Employee title: ___________________________

GPI representatives name: ___________________________ GPI Representatives title: ___________________________

Today’s date: ___________________________ Incident date: ___________________________

Incident time: ___________________________ Incident location: ___________________________

Description of the incident that occurred:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Witnesses to the incident (if applicable):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Names of those in attendance at current disciplinary action meeting:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Corrective or disciplinary action to be taken:
☐ Verbal     ☐ Written     ☐ Probation     ☐ Dismissal     ☐ Other (explain below)
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

(If on probation, period begins ___________________ and ends ___________________)

Goals to be Achieved:
Consequences for failure to improve performance or correct behaviour:

Prior discussions or warnings on this subject, whether oral or written:

Employee statement:

I acknowledge that I have read and understand the above information and consequences.

Employee Signature __________________________ Date ______________________

GPI Representative Signature __________________________ Date ______________________

*Note: A copy for employee’s file.