WRITTEN RECORD OF COUNSELLING FORM

Date: [Insert Date]

**This record of counselling is to be filled out by management during a one-on-one meeting with the employee. This copy is to be kept in the employee’s file. The employee does not need to be provided with a copy, unless requested.**

*Counselling is non-punitive. It is the first opportunity for the employer to make the employee aware of a concern, outline suggested remedies, and encourage the employee to succeed. It should be made clear that formal discipline will follow if the employee does not improve. The employee will be provided with a written notice or action plan outlining the requirements they must meet in order to improve their performance or adhere to company policies.*

**A copy of the pertinent policy should be provided to the employee during the meeting.**

| Employee Name |  |
| --- | --- |
| Date of Incident (DD/MM/YYYY) |  |
| Organization Rule/Policy Violated |  |
| Details of the Violation: | |
| Explanation why a verbal counselling meeting was needed: | |
| Was the employee aware of this rule prior to its occurrence | * Yes * No |
| Did the employee sign off on the policy or provided training | * Yes - Policy sign off * No - Policy not signed off * Yes - Training provided * No - Training not provided |
| Employee comments: | |
| Expectations from the employee: | |
| Comments: | |
| Next Meeting Date (DD/MM/YYYY) (if applicable) |  |

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor Name, Title, Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name, Title, Signature\* Date

\*By signing this written documentation you are acknowledging we have met about the concern. Your signature does not indicate you are in agreement with the action taken.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name, Title, Signature Date