WRITTEN RECORD OF FIRST VERBAL WARNING

Date: [Insert Date]

**This warning 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.**

**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 warning is being issued: |
| 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 you have received this verbal warning. Your signature does not indicate you are in agreement with the action taken.

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

Witness Name, Title, Signature Date