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 □ Dismissa	al
(If on probation, period begins	and ends)
Goals to be Achieved:	

Consequences for failure to improve performand	ce or correct hehaviour
consequences for failure to improve performant	ce of coffeet believiour.
Prior discussions or warnings on this subject, wh	nether oral or written:
Employee statement:	
I acknowledge that I have read and understand t	he above information and consequences
Tacknowledge that I have read and understand t	ne above information and consequences.
Employee Signature	Date
GPI Representative Signature	Date
*Note: A copy for employee's file.	
1.0.0. 11 copy for employee 5 file.	