Disciplinary Action Form

Confidential – Internal HR & Compliance Document
To be completed by Supervisor/Clinic Director within 24 hours of meeting.

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1. Employee Information

- **Employee Name:** _____
- **Position/Title:** _____
- **Clinic Location:** _____
- **Employment Status:**
  ☐ Full-Time
  ☐ Part-Time
- **Supervisor/Reporting Leader:** _____
- **Date of Disciplinary Meeting:** _____

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2. Type of Disciplinary Action

(Check one)

☐ Verbal Warning (Documented)
☐ Written Warning
☐ Final Written Warning
☐ Performance Improvement Plan (PIP) Initiated
☐ Suspension (Specify dates below)
☐ Termination (Attach supporting documentation)

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3. Policy / Standard Referenced

Identify the Aylara policy, SOP, clinical standard, or code of conduct that was violated.

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_____

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4. Description of Incident / Performance Concern

Provide a factual, objective summary. Include dates, frequency, and any prior discussions.

_____
_____
_____
_____

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5. Prior Corrective Actions (If Applicable)

☐ Coaching conversation
☐ Prior verbal warning
☐ Prior written warning
☐ Performance plan
☐ None

Details:

_____
_____

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6. Expected Corrective Action

Clearly outline measurable expectations and deadlines.

Aylara
Pelvic Health

_____
_____

- **Improvement Deadline: _____**
- **Review Date: _____**

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7. Consequences of Non-Compliance

Failure to meet the above expectations may result in further disciplinary action up to and including termination of employment.

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8. Employee Response

Employee may provide written comments below.

_____
_____

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9. Acknowledgment

This form documents the discussion held. Signature does not indicate agreement, only acknowledgment of receipt.

Employee Signature: _____
Date: _____

If employee refuses to sign:

☐ Employee declined to sign
☐ Witness present

Witness Name & Signature: _____
Date: _____

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10. Leadership Approval

Supervisor/Clinic Director: _____
Date: _____

HR / Executive Leadership (if required):

Date: _____
