



Medina County Commissioners

DISCIPLINARY/COUNSELING REPORT

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Meeting: \_\_\_\_\_  AM  PM

ACTION:

Counseling  Verbal Warning  Written Warning  Suspension: \_\_\_\_\_ # Days  Termination

List date(s) of previous counseling or disciplinary action(s) and attach copies of previous actions which this report is based upon:

\_\_\_\_\_

DESCRIPTION OF ISSUE (Attach additional comments if more space is required):

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

Further violation of Medina County policies will result in additional disciplinary action up to and including removal. By signing below you acknowledge you have received this notice.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy Distribution:  
1. Human Resources  
2. Department file  
3. Employee