

Correction Notice

1. Name of Office:			2. Name of Doctor/Supervisor:		
3. Facility Address:			4. Facility Phone No:		
			5. Date:		
6. Name of Employee:		7. Employee ID:		8. Time: a.m.	
9. Place of Incident:		10. Employee Job Title:		11. Employee Hire Date:	
12. Description of the Incident:					
13. Employees Response to the Incident:					
14. The employee claims the incident was: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Misunderstanding <input type="checkbox"/> Other (explain):					
<p>15. I acknowledge that I have been presented with this correction notice for the above conduct, which has been determined to be against the policies of the practice. I understand the nature of the incident that has been claimed against me and that I do not need to sign or acknowledge this notice. However, I understand that if I do not sign this notice, I can be terminated and that my conduct can be reported to the State and Federal agencies for possible criminal violations.</p> <p>Signature of employee: _____ Date: _____</p>					
16. Action Taken:		<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning <input type="checkbox"/> Reprimand <input type="checkbox"/> Probation <input type="checkbox"/> Termination			
17. Attitude of Employee:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indifferent <input type="checkbox"/> Defensive <input type="checkbox"/> Aggressive <input type="checkbox"/> Abusive Explain:			
18. Name of Reporting Employee:		19. Date and Time Reported:		20. Signature:	
21. Incident Delivered to Employee by:		21. Date Delivered:		22. Time Delivered: : a.m.	