



## Police Violation Action Form

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Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

**Incident Information** (attach related documentation)

Date/Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses if any: \_\_\_\_\_

Policy/Policies Violated: \_\_\_\_\_

Disciplinary action to be taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consequences if employee(s) repeat offense: \_\_\_\_\_

If employee has offered explanation of his/her conduct, detailed explanation here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the above and understand the consequences if I repeat offense.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_