Delaware City Fire Company Record of Discipline

Name:	ID Number:	
Department:	Union Local:	
Job Title:	Seniority Date:	

□ Violation of DCFC Departmental Work Rules (Specify):	

STATEMENT OF FACTS (Provide as much detail as possible)

Place of Occurrence:	Date:		Time:	
Persons		·		•
Involved:				
Other				
Witnesses:				
Statement of				
Incident				
(attach				
additional				
sheets if				
necessary):				

ACTION TAKEN

Counseling Session
Oral Warning
Written Reprimand
Suspension
Dismissal (List last day employee worked):
Date of Disciplinary Meeting:

NOTICE TO EMPLOYEE

THIS DISCIPLINARY ACTION PROVIDES YOU WITH AN OPPORTUNITY TO CORRECT YOUR CONDUCT IN THE FUTURE. ADDITIONAL OFFENSES ARE CAUSE FOR MORE SERIOUS DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.

Fire Chief	Date	Supervisor	Date
Employee	Date	Union Shop Steward	Date