

Chula Vista

TEAM MEMBER COUNSELING REPORT

NAME _____ DATE OF INCIDENT _____

DEPARTMENT _____

Group of Offense	Number of Offenses (Check what applies)
Group 1	1 st Offense: Documented verbal warning. ____ 2 nd Offense: Documented written warning. ____ 3 rd Offense: Three day suspension. ____ 4 th Offense: Termination of employment. ____
Group 2	1 st Offense: Documented written warning. ____ 2 nd Offense: Three day suspension. ____ 3 rd Offense: Termination of employment. ____
Group 3	1 st Offense: Termination of employment. ____

SPECIFIC REASON FOR COUNSELING _____

WAYS TO IMPROVE _____

TEAM MEMBER RESPONSE _____

COUNSELING ACTION

- ____ Documented verbal warning
- ____ Written Reprimand
- ____ Suspension
- ____ Final Warning
- ____ Discharge

Signature of Supervisor

Signature of Team Member