

CODE OF CONDUCT VIOLATION NOTIFICATION



Participant Name:

Date:

Area Name:

Program Name:

Verbal Warning Written Warning In-Person Meeting

Previous discipline meeting was held on:

1. Your behavior/actions have been documented for the following reasons:

- | | | |
|---|--|---|
| <input type="checkbox"/> Profanity or verbal abuse | <input type="checkbox"/> Use of illegal drugs | <input type="checkbox"/> Possession of weapon |
| <input type="checkbox"/> Failure to abide by team rules | <input type="checkbox"/> Unwanted physical contact | <input type="checkbox"/> Misdemeanor/Felony |
| <input type="checkbox"/> Poor sportsmanship | <input type="checkbox"/> Unwanted sexual comments | |
| <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Violent/disruptive behavior | <input type="checkbox"/> Other |
| <input type="checkbox"/> Use of alcohol, tobacco, marijuana | | |

Details of unsatisfactory behavior/actions: Please attach documentation of behavior as well as actions taken (i.e. verbal/written warning, in-person meeting)

2. The following immediate and sustained corrective action must be taken by the participant. Failure to do so will result in further disciplinary action up to suspension or exclusion from program.

3. Probationary period (from when to when):

4. Follow-up meeting will be held on:

Participant Signature:

Date:

***Note:** Your signature on this form means that we have discussed the situation. It doesn't necessarily mean you agree that the infraction occurred.*

Area Director Signature:

Date:

cc: Participant
Guardian (if nec.)
Area Director
Area Services Manager

Note: This document is for informational purposes only and may not be appropriate for your situation. Please consult an attorney for all legal matters.