

# 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.*