



“The Foundation For Building Your Dreams”

(For Faculty Use Only)

**Dream Builders Communication, Inc. 21st CCLC T.A.G. Program
Record of Disciplinary Action**

Student’s Name:

Today’s Date:

Incident Date:

Incident Time:

Incident Location:

Incident Reported by:

Employee Name:

Employee Title:

Supervisors Name:

Description of the incident that occurred:

Witnesses to the incident (if applicable):

Names of those in attendance at current disciplinary action meeting:

Corrective or disciplinary action to be taken:

Verbal Written Probation Suspension Other (explain below)

Dream Builders Communication, Inc.
8801 J M Keynes Drive, Suite 440
Charlotte, NC 28262

(704) 595-1884 office

www.kenstonjgriffin.com

(704) 595-1889 fax



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(If on probation, period begins _____ and ends _____.)

Goals to be Achieved:

Consequences for failure to improve performance or correct behavior:

Prior discussions or warnings on this subject, whether oral or written:

Employee statement:

I acknowledge that I have read and understand the above information and consequences.

Employee Signature

Date

Witness Signature

Date

Supervisor Signature

Date

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