

**COAHOMA COMMUNITY COLLEGE**  
**DISCIPLINARY REPORTING FORM**  
(TO BE COMPLETED BY THE SUPERVISOR)

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Day \_\_\_\_\_ Date \_\_\_\_\_ Approx. Time \_\_\_\_\_

Name of Employee and Position: \_\_\_\_\_

Brief Statement of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violation of Policy (Please list policy): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Details of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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Supporting Documents/Evidence – witness(es), report(s), data collected, etc. Please list and attach to this report:

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Action Taken: (Conference, Reprimand, Suspension, etc):

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\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Other Signature(s) (If Required)

\_\_\_\_\_  
Date

pc: Dean/Director  
Human Resources