

RECORD OF INTERVIEW

| | |
|----------------------------|--|
| Date of Incident | |
| Time of Incident | |
| Place/Location of Incident | |
| Employee Name: | |

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| Details of incident and relevant facts |
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| Supervisor | | |
| WARNING OR DISMISSAL DETAILS EXPLAINED TO THE EMPLOYEE | YES | NO |
| * FIRST / FINAL WARNING / NOTICE OF TERMINATION / DISMISSAL (* Delete three) | | |
| Supervisor Name | | |
| Signature | | |
| Date | | |

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|---|--|
| Employee | |
| I understand the warning / termination / dismissal notice that I have been given. | |
| Employee Name | |
| Signature | |
| Date | |

| | |
|--|--|
| Witness | |
| The above warning / termination / dismissal occurred in my presence. | |
| Employee Name | |
| Signature | |
| Date | |