

DISCIPLINARY ACTION FORM

| | |
|-------------------|---------------|
| Girl/Parent Name: | |
| Leader Name: | Today's Date: |

INCIDENT INFORMATION (attach documentation, if any)

| | |
|---------------------------|-----------|
| Date/Time of Incident: | Location: |
| Description of Incident: | |
| Witnesses, if any: | |
| Policy/Policies Violated: | |

DISCIPLINARY ACTION (attach documentation, if any)

| |
|--|
| Disciplinary action to be taken: |
| Consequence(s) if girl/parent repeats this offense: |
| If the girl/parent has offered an explanation of his/her conduct, detail explanation here: |

I have read the above, and I understand the consequences if I, or my child, repeats the offense.

Signature of Parent

Date

Signature of Girl

Date

Signature of Leader

Date