



# Columbia Fire Department

1800 Laurel Street  
Columbia, South Carolina 29201

## LETTER OF COUNSELING - DISCIPLINARY ACTION

I have counseled \_\_\_\_\_ as a result of his/her actions on  
*Employee's Name*

\_\_\_\_\_, which classifies as a violation of:  
*Date*

City of Columbia rules, policies, and procedures

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and/or, Columbia Fire Department Standard Operating Guideline

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Comments of Initiating Officer/Unit Leader:

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_  
*Print or Type*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
*Print or Type*

(Employee Disciplinary Action Comment Form must be attached to this form)



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## DISCIPLINARY ACTION TRACKING FORM

Member Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Assignment: \_\_\_\_\_ Date Initiated: \_\_\_\_\_

Date of Infraction: \_\_\_\_\_ Time of Infraction: \_\_\_\_\_

Has been notified of the following violation: \_\_\_\_\_  
City Policy & Procedure or Department S.O.G.

Documentation is attached. The recommended action to be taken is: *(Check all that apply)*

- Counseling                       Written Warning                       Demotion
- Oral Reprimand                       Suspension w/o Pay                       Dismissal

### Initiating Officer / Unit Leader:

Print Name	Rank	Signature	Date
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**Reviewed by Battalion Chief:**                       Concur                       Disagree (Recommendation Attached)

Print Name	Signature	Date
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**Reviewed by Assistant Fire Chief:**                       Concur                       Disagree (Recommendation Attached)

Print Name	Signature	Date
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### Final Action by the Fire Chief:

- No Action Warranted                       Oral Reprimand                       Suspension w/o Pay                       Dismissal
- Counseling                       Written Warning                       Demotion

Print Name	Signature	Date
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# Columbia Fire Department

1800 Laurel Street  
Columbia, South Carolina 29201

## NOTICE OF DISCIPLINARY ACTION

I recommend disciplinary action be taken against \_\_\_\_\_ as a  
*Employee's Name*

result of his/her actions on \_\_\_\_\_, which classifies as a violation of:  
*Date*

City of Columbia rules, policies, and procedures

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and/or, Columbia Fire Department Standard Operating Guideline

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Comments of Initiating Officer/Unit Leader:

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_  
*Print or Type*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
*Print or Type*

(Employee Disciplinary Action Comment Form must be attached to this form)

