

Volney Volunteer Fire Corporation Policy and Procedures

3002 State Rt.3
Fulton, NY 13069
315-593-7473



Corrective Action Form

Member Name: _____ Title: _____

Description of Incident(to include date, time, and place of infraction(s) and details of incident and specific rule(s)/policy(s) violated : _____

Signature of complainant: _____ Date: _____

Prior Related Corrective Action: _____

Corrective Action Indicated (check one and comment):

Verbal Warning _____ Written Warning _____ Termination _____

Suspension _____ Dates of Suspension _____

Reviewing Officer's Signature: _____ Date: _____

Member's comments: _____

Member's Signature: _____ Date: _____

Reviewing Officer's Signature: _____ Date: _____