

Springdale Fire Department

Notice of Special Counseling

{date}

To: {NAME}

Favorable:

From: {Supervisor or acting supervisor}

Unfavorable:

CC: {Assigned Supervisor}

At {time} hours on the above date I counseled with the above named member concerning:

{Supervisor's Identification of problem: (be specific, Cite SOP, Rules and Regulations, Civil Service Procedure when applicable)}

Previous counseling:

{List dates and nature of counseling, Similar occurrences should be listed first}

Member's Remarks regarding Incident:

Corrective Action to be taken by member:

Supportive action to be taken by supervisor:

Member's Signature

Date

Supervisor's Signature

Date

Assigned Supervisor's Signature

Date