



CONSUMER COUNSELING STATEMENT

Consumer/Title _____ Date _____

Supervisor/Title _____ Dept _____

Type of Action: Conduct/Behavior Performance Oral Warning Written Warning Probation Termination

1. In the Consumer Handbook, it states:

2. I have made the following observation of this consumer's conduct/behavior/performance:

3. The following corrective action must occur:

4. The following consequences shall apply if this consumer fails to improve the conduct / behavior / performance stated above:

5. These matters will be reviewed on an ongoing basis.

I have read and received a copy of the above statement. I agree ____ / disagree ____.

I do ____ / do not ____ wish to submit written comments of my own about this matter.

Consumer Signature / Title

Date

Supervisor Signature / Title

Date

Will Sanford, Executive Director

Date