

## BCIB WARNING OR RECOMMENDATION FOR DISCIPLINE FORM FOR CONTRACTORS (“WRD FORM”)

Name of Supervisor Completing Form: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

ID#: \_\_\_\_\_

Please select one of the following:

Verbal Warning    Written Warning    Referral to BCIB    Further investigation by Contractor

**I. Disciplinary Conduct** (Please select the following. More than one may be applicable. Use “other” if conduct is not listed.)

Tardiness    Absenteeism    Insubordination    Work Performance    Safety    Policy Violation  
 Discrimination/Bullying/Harassment    Drug and Alcohol/Impairment    Damage to Equipment  
 Violent/Threatening Behaviour    Theft

Other (if not listed above)

\_\_\_\_\_

\_\_\_\_\_

If applicable, please list the BCIB/Contractor Policy(ies) or specific safe work practice violated:

\_\_\_\_\_

\_\_\_\_\_

### **II. Action Taken by Contractor or Referral to BCIB Requested**

Please indicate whether a verbal warning or written warning has been issued, whether non-disciplinary action has been taken and/ or a referral to BCIB is being requested.

- If verbal warning, record what was communicated to employee by whom, and when. Record any witnesses to the verbal warning and provide any relevant supporting documents or photos.
- If written warning, provide copy of the written warning for the employee file. Ensure the written warning includes the signature of the employee that the warning was received and when it was received. Please attach any supporting documents or photos.

- If non-disciplinary action<sup>1</sup>, record what action was taken and what was communicated to employee by whom, and when. Record any witnesses to the communication and provide any relevant supporting documents.
- If referral to BCIB, include reason for referral (i.e. investigation, discipline, training, other remedial action, potential human rights implications), and provide recommendation for discipline and/or training if applicable.
- If further investigation by Contractor is needed, include reason for further investigation (i.e. incident triggers investigation requirements under health and safety legislation or BCIB policies and procedures, potential human rights implications).

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**III. Details of Incident** (Attach additional sheet if necessary and attach any supporting evidence in the Contractor’s possession, e.g. photos, documents, statements from other employees or supervisors)

Date of Incident: \_\_\_\_\_

Description of the Incident (include all known particulars of the incident with reference to supporting evidence): \_\_\_\_\_

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What was the Employee’s Response to the Incident? (include whether the employee provided any immediate response to the incident including any denial, acceptance, reasons for the conduct, expression of remorse and/or apology – a formal statement from the employees should be taken in the presence of union representation) \_\_\_\_\_

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<sup>1</sup> In the appropriate circumstances, a Contractor may direct an employee to (1) cease performing work, (2) leave the Site or (3) to report to BCIB’s Site Representative for further action by BCIB, or any combination of the foregoing.

**IV. Witnesses to Incident** (list names and contact information of witnesses who can verify the particulars of the incident)

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**VI. Has this or a similar conduct been observed before?**

No

Yes If yes, please provide the details of the previous incident and corresponding discipline below and attach copies of any prior BCIB WRD Form(s) or warnings if applicable. Attach additional sheet if necessary.

**First Occurrence**

Date/details: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**Second Occurrence**

Date/details: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**Third Occurrence**

Date/details: \_\_\_\_\_

Action Taken: \_\_\_\_\_

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**WRD Form Submitted by:**

Contract Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BCIB Representative Name (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_