

Policy Violation Review Minutes

Review Date: [YYYY-MM-DD]
Time: [HH:MM]
Location: [Virtual/Physical Location]

Attendees

Name	Role/Title
[Name 1]	[Role/Title 1]
[Name 2]	[Role/Title 2]

Policy Violation Details

Violation Date: [YYYY-MM-DD]
Reported By: [Reporter Name/Title]
Policy Breached: [Policy Name/Code]
Individuals Involved: [Name(s)]
Summary: [Brief summary of the violation and circumstances]

Investigation Findings

[Summary of investigation findings, evidence, and statements]

Review Discussion Summary

[Key points discussed, differing perspectives, rationale, etc.]

Decision & Actions

Decision: [Outcome or conclusions]
Actions to be Taken: [Disciplinary action, training, process changes, etc.]
Responsible Person(s): [Name(s)]
Timeline: [Timeframe for actions]

Next Steps / Follow-Up

[Further actions, monitoring, reporting, date for next review if required]

Confirmation & Sign-Off

Reviewer Name	Signature	Date
[Reviewer 1]	_____	[YYYY-MM-DD]
[Reviewer 2]	_____	[YYYY-MM-DD]

Important Notes

- This document should be kept confidential and only shared with authorized individuals.
- All statements should be factual and objective; avoid personal opinions.
- Minutes must be approved and signed by all reviewers present.
- Any actions decided must be clearly documented along with responsible persons and timelines.

- Retain a copy of these minutes as a formal record in accordance with organizational policy.