



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy #1504 A1**

**REPRIMAND REVIEW FORM**

**Employee Information**

Name:	ID Number:	
Job Title:	Division/Office:	
Office Phone:	Office Email:	
Work Address:		
City:	State:	Zip:

**Supervisor Information**

Name:	Job Title:
Office Email:	Office Number:

**Human Resources Representative Information**

Name:	Job Title:
Office Email:	Office Number:

**Supporting Documentation**

Below is a checklist of the items that must be submitted with this form and provided to your assigned Human Resources Representative (HRP).

- A written summary detailing the reason the reprimand was inappropriate.
- Any supporting documentation related to the reprimand.
- Copy of the written reprimand or written confirmation of an oral reprimand.

After the HRP has conducted their assessment, they will forward this form, their review findings with a recommendation, and the supporting documenting outlined in the above checklist to:

Office of Human Resources  
Compliance Management  
2 Peachtree Street NW, 28<sup>th</sup> Floor  
Atlanta, GA 30303

Compliance Management will coordinate the review with the OHR Director.

**Employee Signature:**

**Date:**