

## CITY CRUISES CANADA POLICIES AND PROCEDURES

## **CREW PERFORMANCE FORM**

Crew Name & ID#:	Department:	
Position Title:	Supervisor's Name & ID#:	
SUPERVISOR'S STATEMENT		
Describe the incident: * Dates * Description of what hap	opened * Time * Location * Individuc	als involved * Events that
took place (Please attach notes if additional space is re-		
*Please note that future infractions of the same nature w		t including employment
separation.	mireson in former discipline op to drie	a incloding chiployment
CCC policy, procedure, or standard being reviewed:	Date of conduct: /	/
	Day Mor	nth Year
ANY PREVIOUS COUNSELLING FOR SAME CONDUCT		
Describe any prior counselling provided to the crew mer	mber concerning the same conduct	including the date of
counselling and roll-off date if applicable. (Please attach notes if additional space is required)		
COUNSELLING	1 —	
☐ Verbal ☐ Suspension for Days	From: To:	Crew Action Plan
☐ Written ☐ Separation		
Copy of all policies provided to crew member	☐ Yes ☐ No	
Dispute Resolution Procedure discussed with crew memb	<b>ber</b> Yes No	
CREW MEMBER COMMENT		
*Crew member is encouraged to respond to the Supervisor's statement and propose solutions. (Please attach notes if additional space is required)		
DECLARATION		
CERTIFICATION OF M	ANAGEMENT REPRESENTATIVE	
I certify that I have discussed the discipline being issued with the crew member, fully explained the policy, conduct or		
performance being counselled.		
Signature of Management Representative	Date	
<u>ACKNOWLEDGE</u>	EMENT OF CREW MEMBER	
I acknowledge that I have discussed the discipline bein		
acknowledge that the policy, conduct, or performance		
signing below I am acknowledging receipt of this document and my signature does not necessarily constitute agreement with its contents.		
		<del></del>
Signature of Crew member	Date	
Crew Performance Form	Revision date: July 1, 2021	Approved by: LM
Once completed this form becomes a record	Page 1 of 1	RMS Document