

SHOW CAUSE LETTER

To: _____
From: _____

Re: Show Cause Notice

This letter serves as a formal notice requiring you to show cause as to why disciplinary action should not be taken against you for conduct that may constitute a breach of your employment obligations or company policies. You are requested to provide a written explanation addressing the concerns outlined herein.

Details of Alleged Misconduct:

It has been alleged that you have engaged in conduct including, but not limited to, the following:

- Unsatisfactory performance or failure to meet agreed targets or duties.
- Breach of company policies, procedures, or codes of conduct.
- Behaviour that undermines the work environment or workplace safety.
- Any other relevant conduct that may affect your employment.

Your Right to Respond:

You are entitled to respond to these allegations and provide any explanations, evidence, or mitigating factors you wish to be considered. Your response will be taken into account before any decision regarding disciplinary action is made.

Procedure:

Please submit your written response to the undersigned by the deadline specified. Failure to respond may result in a decision being made in your absence. You may also request a meeting to discuss this matter if you wish.

Potential Outcomes:

Following consideration of your response, one or more of the following actions may be taken:

- No further action.
- Formal warning or reprimand.
- Performance improvement plan.
- Suspension or other disciplinary measures.
- Termination of employment.

Confidentiality and Fair Treatment:

All matters relating to this Show Cause Letter and any subsequent investigation or disciplinary action will be managed confidentially and in accordance with applicable laws and company policies, including the Fair Work Act 2009 (Cth) and relevant Australian employment laws.

Contact Information:

Should you have any questions regarding this letter or the process, you are encouraged to contact the Human Resources department or the undersigned.

Yours faithfully,

Employer / Authorised Officer

Name: _____

Signature: _____

Position: _____

Date: _____

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