



**SANTA MARIA INDEPENDENT SCHOOL DISTRICT
TITLE IX DOCUMENT FORM**

EMPLOYEE _____ DATE _____ TIME ____:____ AM / PM

This is a document statement form for your conference with your campus/department Administrator or the Office of Human Resources. Keep a copy for your records.

Incident and who was/were the other individual(s):

Witnesses (who was present or around the area):

What did this incident cause (hostile environment, harassment, threatening, etc):

Employee Signature _____ Date _____

Administrator Signature _____ Date _____