



**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):

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Witnesses (who was present or around the area):

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

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_