Time Start: _____: _____ AM PM

Time End: _____: _____ AM PM

SANTA MARIA INDEPENDENT SCHOOL DISTRICT
GENERAL CONFERENCE FORM

EMPLOYEE _____DATE _____

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):

_____

_____

_____

_____

Attendee Signature _____Date _____

Administrator Signature _____ Date_____

It is the policy of Santa Maria ISD not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.