

Discussion Record



A copy of this record will be held on the employee's staff file and will be available upon request.

Employee:	Manager:
Date:	
Incident/Topic	
Description of Incident/Topic	
Impact/Result (or potential impact/result), include feelings of management	
Moving Forward/Follow up Action	
Learning and development objectives/agreements	
Further review required? Yes / No	
Review date, if applicable:	
<u>Signed</u>	
Manager:	