



INCIDENT R E P O R T

REPORT SUBMISSION DATE:

DATE & TIME OF INCIDENT:

SCHOOL:

PRINCIPAL:

PHONE NUMBER:

DISTRICT POLICE:

(if applicable)

EXECUTIVE DIRECTORS/
INSTRUCTIONAL
IMPROVEMENT OFFICERS:

INCIDENT:

ACTION TAKEN:

FOLLOW-UP:

(if applicable)

INFORMATION SUBMITTED
BY:

**Send forms to Sharita.Hutton@kckps.org and
Susan.Westfahl@kckps.org**