

KKFI Incident Report

Submit completed report to KKFI Board President, Vice President, Secretary, or Treasurer.
Attach additional pages as needed.
Please submit report within 90 days of incident occurring.



REPORTED BY:
(Please print) _____ **DATE OF REPORT:** _____

TITLE / ROLE: _____ **INCIDENT NO.:** (for office use only) _____

RECEIVING EXEC _____ **DATE** _____

OFFICER SIGNATURE: _____ **RECEIVED:** _____

KKFI Code of Conduct, Item C: Respect for Others. Volunteers, staff, listeners, guests, and callers must be treated with respect and courtesy. Bullying** will not be tolerated.

*****Until the time that the terms 'respect', 'courtesy' and 'bullying' have approved definitions, determination of whether the incident qualifies as a Code of Conduct violation rests with the Executive Committee of the KKFI Board of Directors.***

INCIDENT INFORMATION

INCIDENT TYPE:
(circle) Injury Disrespect Bullying Other **DATE OF INCIDENT:** _____

LOCATION: _____

INCIDENT DESCRIPTION

(Continue on back)

NAME / CONTACT OF PARTIES INVOLVED (does not have to include the person who is filing this report)

- 1. _____
- 2. _____
- 3. _____

NAME / CONTACT OF WITNESSES (should include the person filing the report if not an Involved Party)

- 1. _____
- 2. _____
- 3. _____

POLICE REPORT FILED? _____

FOLLOW-UP ACTION (for office use only)

KKFI Executive Board Officer NAME & TITLE: _____ **DATE:** _____

INCIDENT DESCRIPTION (continued)

Thank you for filing a report. The Executive Committee will inform you of subsequent actions within 30 days of Executive Officer signature and date.