**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.*

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| --- | --- | --- | --- | --- |
| **REPORTED BY:** (Please print) |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** | (for office use only) |
| **RECEIVING EXEC OFFICER SIGNATURE:** |  |  | **DATE 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.***

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| **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?** |  |

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| **FOLLOW-UP ACTION (for office use only)** |
|  |
| **KKFI Executive Board Officer NAME & TITLE:** |  | **DATE:** |  |

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| **INCIDENT DESCRIPTION (continued)** |
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**Thank you for filing a report. The Executive Committee will inform you of subsequent actions within 30 days of Executive Officer signature and date.**