



KEYS On-Campus Student Incident Report

Student Name _____

Date of Incident _____

Time or Class of Incident _____

Date Incident Reported _____

Reported by Whom _____

Reporter's Signature _____

Details: What, How, Why? Perpetrated alone or with others? Injury?

Witnesses _____

Action taken by reporter _____

Action taken by Leadership _____

Leadership signature _____

Was parent contacted? _____ **Date** _____

Parental response (If known)

Conference with parent(s) scheduled for _____

Were police/911 or medical emergency called? YES NO