

Quemado Schools
P. O. Box 128
Quemado, NM 87829
575-773-4700

STUDENT DISCIPLINE REFERRAL

Teacher _____ Date _____

Location of incident: _____

Date of Occurrence: _____ Time _____

Student(s) involved: _____

Adult(s) involved: _____

If injury, to whom and to what extent: _____

Witness(es) to incident: _____

Action taken by reporting teacher at time of incident: _____

Description of incident: _____

Comments: _____

