

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_