

KPL Incident Report

Please explain, in the space below, all specific information regarding the incident that you are reporting with all pertinent facts including place, names(if known), date and time of occurrence.

Please check box(s) that apply

I would like to remain anonymous. I acknowledge that the results of the determination will be kept confidential.

I wish to discuss this issue directly with the Kingston Public Library(KPL) Director; please sign below. Indicate the best time for you.

Name_____Phone No._____

Date/Time_____

Fold this report in half, seal, mark with Attn. KPL Director.