

PINELLAS COUNTY SCHOOLS
INCIDENT REPORT

Serious Incidents require IMMEDIATE action.
Call your Area Office ASAP.

☐ 911/Police Call

Date of Incident _____ Time of Incident _____

Date Reported _____ Time Reported _____

Reported by _____ School _____

Type of Incident _____

Location of Incident/Accident _____

Detail of all incidents: Include Student Name, Grade & Gender

Will a School Message or letter be sent home? ☐ Yes ☐ No

Called Area Office Date _____ Time _____

Spoke with: _____

Name and title of person contacting Area Office _____

Number transported to hospital? _____ Hospital Name _____

Parent/Guardian/Family Notified? _____ Police and/or PCS Police on scene? _____