			COUNTY SCI DENT REPOR			
		Serious Incidents Call your	require IMMEI Area Office A)	
911/Poli	ice Call					
Date of Incid	lent		_ Time of Ir	ncident		
Date Report	ed		_ Time Rep	ported		
Reported by			School			
Type of Incid	lent					
	ncident/Accident					
Detail of all i	ncidents: Include Studer	t Name, Grade &	Gender			
Detail of all i		t Name, Grade &	Gender	No Time		
Detail of all i	ncidents: Include Studer of Message or letter be so Called Area Office Spoke with:	t Name, Grade &	Gender	No		
Detail of all i Will a Schoo	ncidents: Include Studer of Message or letter be so Called Area Office Spoke with:	t Name, Grade &	Gender Yes Date Area Office	No Time		