



Critical Incident Report Form			
Date of incident:	___ / ___ / ___	Time of incident	_____ am/pm
Location: (Include address, where applicable.)			
Type of Incident:		Incident Level: Moderate/Severe/Serious	
<input type="checkbox"/> Disaster – <i>eg natural, (fire/flood) physical, (gas leak, burst water main)</i> (May need to refer to Disaster Response and Recovery Plan) <input type="checkbox"/> Drugs / Alcohol <input type="checkbox"/> Sex offence <input type="checkbox"/> Serious medical / injury / health emergency <input type="checkbox"/> Intruders - <i>ex students,/stalker, breaker</i> <input type="checkbox"/> Police – <i>action taken or likely by Police – attendance, notified by phone, advice sought.</i> <input type="checkbox"/> Weapons – <i>describe weapons and method of use (or carried)</i> _____ <input type="checkbox"/> Actual physical violence <input type="checkbox"/> Threat – Bomb/chemical contamination/physical violence/others _____ <input type="checkbox"/> Other. Please Specify: _____ _____			
Position of person completing form:		Contact number:	
Employees, Contractors or Directors involved in incident:			
Name:		Contact number:	
1.			
2.			
3.			
4.			
Students or Visitors involved or witnessed the incident:			
Name:		Contact number:	
1.			
2.			



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3.		
Description of incident and background:		
(Include all relevant circumstances and information leading up to the incident, whether the incident was witnessed, and any other relevant issues.)		
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Who was informed of the incident?		
(For example, CEO, Manager, Student Service, police, fire brigade, family members, and so on.)		
Name:	Position, Organisation, Relation:	
Actions taken to date:		
(Including date and time of contact, contact number, and other contact numbers of agencies or people who were informed, as well details of support provided.)		
Date:	Action Taken:	Contact:



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Follow up actions planned:		
Action Plan:	Time Frame:	Responsibility:
Received Date:	Form Received By:	Signature:
Date complete:	Signed off By:	Signature:
Note:		