

Critical Incident Report Form

SECTION 1: BACKGROUND DETAILS

Date of Incident			
Time of Incident	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Place of Incident			
Affected Person Name		Mobile	
Witness Name		Mobile	
Reported By		Mobile	

SECTION 2 – INCIDENT DETAILS

Type of Incident (please tick)

- Environmental Damage – e.g. fire, flood, gas leak, burst water main
 Drugs Sex Offence
 Injury / Health Emergency Intruders – e.g. ex students, stalker, break-ins Theft / Loss
 Property Damage Assault Threat of Physical Violence
 Other. Please Specify: _____

Clear Concise Description of the Incident

SECTION 3 – ACTION TAKEN

Clear Description of Action Taken

SECTION 4 – FOLLOW UP

Follow Up Actions and/or Improvements

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SECTION 5 – REPORTING STAFF

Recorded on Incident Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reported to Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reported to Authorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Name		Position
Signature		Date