



V3.0 CRITICAL INCIDENT INITIAL REPORT FORM

DATE OF INCIDENT OCCURRED AND TIME:	
LOCATION:	
NAME OF PERSON INCIDENT REPORTED TO:	

INCIDENT RELATED TO: STAFF OR STUDENT
Name of person(s) involved in the incident:
1
2
3
4
5
Please provide a brief description of the incident below:
CONTACT DETAILS OF RELEVANT PERSON(S):
1.
2.
3.
4.

PLEASE ONLY COMPLETE THE NEXT SECTION IF THIS INCIDENT RESULTED AN INJURY:	
Brief description of injuries sustained:	
Did the injury person(s) needs to attend hospital?	Yes or No

If you answered "yes", please provide the following details:	
Name of Hospital:	Ward No:



Time of Admission:	Date:
Was an ambulance called to the incident: Yes or No	
If yes, please provide the details of the person who called the ambulance:	
NAME:	PHONE:
WHERE POLICE INVOLVED IN THE INCIDENT: YES OR NO	
If "yes" is a copy of the police report attached: Yes or No	
Brief description of injuries sustained:	
Did the injury person(s) needs to attend hospital?	Yes or No