

CRITICAL INCIDENT REPORT FORM

Part A		
Details of the Person Completing the Form	Name:	
	Phone no:	
	Email address:	
Date and Time of Incident		
Location of the Incident		
Brief Description of Incident	Type of Incident:	
	Description of Incident:	
Name and Contact Details for Witnesses to the Incident		
Was anyone injured?	<input type="checkbox"/> No (Complete Part C)	<input type="checkbox"/> Yes (Complete Part B)

Part B		
Details of Injured Person	Name:	
	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other/Please specify: _____
	Date of Birth:	
	Contact Details:	
	Emergency Contact Details:	
Description of Injury		
Treatment Required	<input type="checkbox"/> No <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital admission <input type="checkbox"/> Other, Please specify: _____	



Part C – Additional Details

Description of Damage/ Incident	
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Were there any other services involved/attended? <i>(e.g., police, ambulance, fire)</i> <i>(If yes, attach a copy of the report)</i>	
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Person/s involved

Name	Contact Number	Address

Recommended Actions Taken by Australian School of Commerce (ASOC)

Checklist

- Incident entered into Critical Incident Register
- PRISMS notification required? Yes No (If yes, date submitted: _____)
- Follow-up counselling or support provided
- Referred for continuous improvement review
- Document filed in accordance with Records Management Policy

Signature:	Date:
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