

Critical Incident Report Form

Type of Incident (please tick)

Injury to staff	Injury to student	Theft / Loss Property damage		ge 🗌
Vehicle accident	Environmental damage	Fire	Assault	Other

Details of Critical Incident

Date:	Time:	am	pm
Location:			

Person(s) involved (including witnesses)

Name	Address	Phone No	

What activity or program was underway?

Description of Incident

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Managed By: VET Coordinator		Authorized By: CEO		Page 1 of 2

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Description of Injury

Description of damage

Reported to Police? Yes No				
Did any other service attend? (If yes, attach a copy of the report)				
Reported By:	_ Signature:			
Chief Executive Officer recommended action				
Signature:	Date			

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