

## Critical Incident Report Form

Type of Incident (please tick)

Injury to staff <input type="checkbox"/>	Injury to student <input type="checkbox"/>	Theft / Loss <input type="checkbox"/>	Property damage <input type="checkbox"/>
Vehicle accident <input type="checkbox"/>	Environmental damage <input type="checkbox"/>	Fire <input type="checkbox"/>	Assault <input type="checkbox"/>
			Other <input type="checkbox"/>

### 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

**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 \_\_\_\_\_