RHODES COLLEGE

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CRICOS Provider Code: 02992E
ABN: 39 122 778 563

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Critical Incident Report Form

Type of Incident (please tick)

Injury to staff ☐	Injury to student ☐	Theft / Loss ☐	Property damage ☐	
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

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_____