Sydney City College of Management Pty Ltd (SCCM)
ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203
Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150
Telephone: +61 2 8872 0435
Email: info@sccm.edu.au
Website: www.sccm.edu.au



Critical Incident Report Form				
SECTION 1: BACKGROUND DETAILS				
Date of Incident				
Time of Incident	□ AM □ PM			
Place of Incident				
Affected Person Name	Mobile			
Witness Name	Mobile			
Reported By	Mobile			
SECTION 2 – INCIDENT DETAILS				
Type of Incident (please tick)				
□ Injury / Health Emergency □ Intruders – e.g. ex-students, stalker, break-ins □ Theft / Loss □ Property Damage □ Assault □ Threat of Physical Violence □ Other. Please Specify:				
Clear Concise Description of the Incident				
SECTION 3 – ACTION TAKEN				
Clear Description of Action Taken				

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SECTION 4 – FOLLOW UP					
Follow Up Actions and/or Improvements					
SECTION 5 – REPORTING STAFF					
Recorded on Incident Register	□ Yes	□No			
Reported to Management	□ Yes	□No			
Reported to Authorities	□ Yes	□No			
Staff Name		Position			
Signature		Date			

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