



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)

- ☐ Environmental Damage – e.g. fire, flood, gas leak, burst water main
 ☐ Drugs ☐ Sex Offence
☐ 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

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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