

Critical Incident Report Form

Section 1: Incident Information

Date of Incident:

Time of Incident:

Place of Incident:

Affected Person:

Contact Number:

Email:

Witness, if applicable:

Type of Incident, select one below:

- Disaster – E.g. natural, (fire/flood), physical, (gas leak, burst water main)
- Drugs
- Sex Offence
- Serious Medical / Injury / Health Emergency
- Intruder – e.g. stalker, break in
- Police – action taken by police
- Weapons – used or carried
- Physical Violence – Actual
- Threat of Physical Violence

- Other, please specify:

Section 2: Incident details

Please provide a clear and concise description:

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Section 3: Action Taken

Clear description of the action taken:

Section 4: Follow Up (Post Incident), if any:

Section 5: Reporting Staff Member Details

Full Name:

Email:

Contact:

Date Reported:

Reported to:

Recorded on Risk Register:

X

RTO Staff Member

Date: