Ideal International Institute Pty Ltd
RTO NO. 46289 I CRICOS NO.: 04296B
Address: Suite 1510, Level 15, 530 Little Collins street, Melbourne, VIC 3000
E: idealinternationalinstitute1@gmail.com
W: www.iii.vic.edu.au | Ph: 1300201247
ABN: 16667624124

CRITICAL INCIDENT REPORT FORM

PART A				
Details of the Person completing the form	Name:			
	Phone No:			
	Email Address:			
Date and Time of Incident				
Location of the Incident				
Brief Description of Incident	Type of Incident:			
	Description of Incident:			
Name and contact details for witnesses to the incident				
Was anyone injured	No (Complete Part C)		Yes (Complete part B)	

PART B		
Details of Injured Person	Name	
	Gender	☐ Male ☐ Female ☐ Prefer not Say ☐ Other/ Please Specify:_____
	Date of Birth	
	Contact Details	
	Emergency Contact Details	
Description of Injury		
Treatment Required	☐ No ☐ First Aid ☐ Doctor ☐ Hospital admission ☐ Other, please specify _____	

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PART C - ADDITIONAL DETAILS

Description of Damage	
Were there any other services involved/attended? (e.g., police, ambulance, fire)? (If yes, attach a copy of the report)	

Person/s Involved

Name	Contact Number	Address

RECOMMENDED ACTIONS TAKEN BY III

CHECKLIST

☐ Incident entered into Critical Incident Register
☐ PRISMS notification required? ☐ Yes ☐ No (If yes, date submitted: _____/_____/_____)
☐ Follow-up counselling or support provided
☐ Referred for continuous improvement review
☐ Document filed in accordance with Records Management Policy

Sign:	Date: