



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: info@iii.vic.edu.au
W: 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 _____			



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: info@iii.vic.edu.au
W: iii.vic.edu.au | Ph: 1300201247
ABN: 16667624124

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: _____