



CRITICAL INCIDENT REPORT FORM

SECTION 1: Incident Information	
Full Name of person completing this report form:	
Role, Description or Title (staff member , student, visitor etc.):	
Contact Number:	Email:
Date of Incident:	Time of Incident:
Signature of person completing form:	

Note: This form is to be completed and handed to the Student Services Officer on campus to process, or if you are a Student completing this form, you may ask the Student Services Officer to assist you with completing the form.

SECTION 2: Details of Incident (please attach any documented evidence and any additional pages if required)
1. Name of person(s) involved in the incident
2. Description of incident (how and where it happened)

Were there any witnesses to the incident? If so, list name(s) and contact details here:	
Name:	Contact details:
Name:	Contact details:

Note: All required documents/evidence must be provided with this completed form and submitted to Student Services. Should any information obtained in the form require confidentiality, please advise the Student Services Officer when lodging the form.



SECTION 3: Reporting the Incident:	
Incident reported to:	Date:
Training Manger notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	CEO/COO notified: <input type="checkbox"/> Yes <input type="checkbox"/> No

Were Emergency Services Required? (Fire Services, Police, Ambulance) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details of service required and reporting information (report number, date and time)
Description of actions taken:
Follow up action required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of actions to be taken:
Further Details or Comments by College staff: (Include details of any external support services to be recommended if applicable)
Description of any damage to property or persons that may result in a potential insurance claim:



SECTION 4: office use only	
Report received by:	Date/Time:
Report actioned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relevant Management and/or staff members notified/informed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Report Logged on Incident Register: <input type="checkbox"/>	Further action required flagged for follow up: <input type="checkbox"/>
Signature of Training Manager or CEO/COO - authorising action taken/to be taken:	

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