

Critical Incident Report Form

Section 1: Incident Overview

Field	Details
Date of Incident	Date: ___ / ___ / 20___
Time of Incident	_____ AM / PM
Location of Incident	☐ On Campus ☐ Off Campus ☐ Online
Reported By (Name)	
Role	☐ Staff ☐ Student ☐ Other: _____
Contact Number	
Immediate Actions Taken	☐ First Aid ☐ Emergency Services Called ☐ Incident Contained ☐ None

Section 2: Individuals Involved

Full Name	Student ID / Staff Role	Contact Info	Involvement
			☐ Victim ☐ Witness ☐ Responder
			☐ Victim ☐ Witness ☐ Responder
			☐ Victim ☐ Witness ☐ Responder

Section 3: Incident Type (Tick all that apply)

- | | |
|---|--|
| ☐ Death or serious injury | ☐ Missing person |
| ☐ Physical or sexual assault | ☐ Natural disaster |
| ☐ Mental health crisis (e.g., suicide attempt) | ☐ Fire or explosion |
| ☐ Threat of harm / violence | ☐ Other: _____ |
| ☐ Drug or alcohol incident | |

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Section 4: Incident Description

Please describe the event in detail, including sequence of events, observed behaviours, and any contributing factors

Section 5: Initial Support and Safety Actions

Action	Performed By	Notes
☐ First Aid Administered		
☐ Emergency Services Contacted	☐ Police ☐ Ambulance ☐ Fire	
☐ Family / Emergency Contact Notified		
☐ Immediate Counselling Provided		
☐ Evacuation Conducted		
☐ Site Secured		

Section 6: Follow-Up Plan

Task	Assigned To	Due Date	Completed
Referral to external support services			☐
Academic adjustments required			☐
Family engagement or debriefing			☐
ASQA Notification (if required)			☐
Add to Continuous Improvement Register			☐

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Section 7: Compliance and Recordkeeping

Field	Details
Report Received By	
Date Received	___ / ___ / 20___
Secure File Location	
Incident Number	CI-___-20
Retention Schedule	Minimum 2 years post-enrolment

Section 6: Follow-Up Plan

Task	Signature	Date
Reporting Staff		
Compliance Manager		
CEO (if escalated)		

Please submit this form to Student Services Officer in campus or email to info@innoverse.edu.au