



## F.07V02 Critical Incident Initial Report Form

Date the incident occurred:  Time:

Location where incident occurred:

Name of person the incident was reported to:

Name of person reporting the incident:

Who does the incident relate to? *(tick most appropriate)*

Staff Member

Student

Name of person(s) involved in the incident: 1.

2.  3.

4.  5.

Please provide a brief description of the incident below: *(attach extra pages if required)*

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Contact details of relevant person(s):

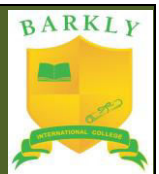
Name:  Phone:

Name:  Phone:

Name:  Phone:

### Document Information

<b>Title:</b>	F.07V02 Critical Incident Initial Report Form	<b>Version No:</b>	V2.0
<b>Author:</b>	Barkly International College Pty Ltd	<b>Date Created:</b>	1 January 2018
<b>Address</b>	Level 1, 377 Lonsdale Street, Melbourne VIC 3000		



**Please only complete the next section if this incident resulted in injury.**

Brief description of injuries sustained:

Did the injured person(s) need to attend hospital?  Yes  No

If you answered "Yes" to the previous question, please provide the following details:

Name of hospital:  Ward No:

Time of admission:  Time of discharge:

Date of admission:  Date of discharge:

Was an ambulance called to the incident?  Yes  No

If yes, please provide details of the person who called the ambulance:

Name:  Phone:

Were Police involved in the incident?  Yes  No

If yes, is a copy of the Police Report attached?  Yes  No

If there were no Police involved and a Police Report cannot be provided, please attach an additional page/pages with a full description of the incident including a summary of events prior to the incident.

**Declaration:**

I, ,  declare that all  
(FULL NAME) (Date of Birth)  
 information provided in this report is true and correct to the best of my knowledge.

Signed:  Date:

**Office Use Only**

Response/Action made to date: *(if no action has been taken, please state why)*

Completed By:  Position:

Signed:  Date:

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