Critical Incident Report Form

SECTION A: FIRST RESPONDER(S) DETAILS

Name of person reporting the incident:
Student ☐ Staff ☐ Other ☐ If other, please give contact email:
Date of this report: ____/ ____/ _____

SECTION B: STUDENT DETAILS*

Name:	Student identification number (ID):
Date of Birth:	Address:
Contact number:	Home country:
Has contact been made with the student's next of kin/ emergency contact? ☐ Yes ☐ No	

**If there is more than one student involved, please fill out a separate form for each student.*

SECTION C: INCIDENT DETAILS

This is the section where you fill out the details of the incident.

Date and time

When did the incident occur? If unsure, please select 'unknown'.

Date: ____/ ____/ _____ Time: _____: _____AM/PM ☐ Unknown

Location

Did the incident occur on or off campus? ☐ On campus ☐ Off campus ☐ Online
What was the exact location of the incident (if known)? For example, the street address and the description of the place the event occurred at or web address if incident occurred online. Address: Description of place: ☐ Unknown ☐ Not applicable

Type

Please select the category that best represents the critical incident, choose only one.

☐ Critical mental health episodes
☐ Death, serious injury or any threats of these
☐ Domestic violence
☐ Drug, alcohol, or other substance abuse
☐ Fire or natural disaster
☐ Missing students
☐ Physical or other abuse or assault
☐ Serious accidents
☐ Severe verbal or physical aggression

☐ Other, please specify: _____

**For reporting sexual misconduct, please see our Sexual Misconduct Form*

Incident details

Please provide a short description of what happened including other persons involved.

First aid

Did a first aider give treatment?	☐ Yes ☐ No (Go to the next part) ☐ Unknown (Go to the next part)
Name of the first aider who gave treatment:	
What treatment did the first aider give?	

Emergency services

Were emergency services involved/called?	☐ Yes ☐ No (Go to the next part)
What service was initially called/involved?	☐ Ambulance ☐ Fire department ☐ Police

Other actions and outcomes

Were there any other actions taken at the initial response?

SECTION D: SIGNATURE

Reporter's Signature:	Date: ____/ ____/____
Director Name:	
Director's Signature:	Date: ____/ ____/____