



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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not Say <input type="checkbox"/> Other/ Please Specify: _____		
	Date of Birth			
	Contact Details			
	Emergency Contact Details			
Description of Injury				
Treatment Required	<input type="checkbox"/> No <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital admission <input type="checkbox"/> Other, please specify _____			



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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 ASLI

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:
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