



AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St
Melbourne, VIC 3000, Australia
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au
CRICOS No: 03483G | RTO No : 40794

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	☐ Male ☐ Female ☐ Prefer not Say ☐ Other/ Please Specify: _____		
	Date of Birth			
	Contact Details			
	Emergency Contact Details			
Description of Injury				
Treatment Required	☐ No ☐ First Aid ☐ Doctor ☐ Hospital admission ☐ 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

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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: