



Swann College

# Critical Incident Form

## Initial Report

### **1 Initial Information**

**Date of contact:** ...../...../.....

**Date of Incident:** ...../...../.....

**Reported to:**

**Reported by:**

**Relates to:** staff or student(s)

Names of staff or students:

### **2 Description of incident**

Location:

Time:

Others involved:

### **3 Relevant contacts:**

Police (name):

Telephone:

Hospital:

Ward #:

Telephone:

Others (eg next of kin)

Name:

Telephone:



Swann College

**RTO Manager notified**    **Yes/No**                      **Date** ...../ ...../.....

**CEO Notified**                      **Yes/No**                      **Date** ...../ ...../ .....

#### **4 Critical Incident Fact Sheet**

Swann College Representative:

Date:

Time:

Full description of the incident:

Location where incident occurred:

Summary of events prior to the incident:

Responses made to date (if no action, then the reason):

Completed by:

Signed

Dated

Please attach all relevant documentation

#### **5 Finalisation**

Signed off by CEO or RTOM: \_\_\_\_\_ Date: \_\_\_\_\_