



(Use additional sheets where required and attach).

TYPE OF CRITICAL INCIDENT (please tick)

- Missing student
- Severe verbal or psychological aggression
- Death
- Serious injury
- Natural disaster
- Domestic violence
- Sexual assault
- Drug or alcohol abuse
- Other _____

DETAILS OF CRITICAL INCIDENT

Date: _____

Time: _____ am _____ pm

Location: _____

PERSON/S INVOLVED (including witnesses)

Name	Address	Contact details

DESCRIPTION OF CRITICAL INCIDENT

Form: Critical Incident Reporting	Issue Date: 01 July 2016	Review Date: 01 July 2018
Developed By: Satya Indukuri	Authorized By: CEO	Version: 1.0
Level 7 190 Queen St, Melbourne Vic 3000 ABN: 15 157 772 097 ACN 157 772 097 www.alata.edu.au e-mail: info@alata.edu.au		



DESCRIPTION OF INJURY (If applicable)

DESCRIPTION OF DAMAGE (If applicable)

Reported to Police? Yes No

Did any other emergency service attend? _____

(If yes attach copy of report)

Reported by: _____ **Signature:** _____

Details of action taken by Critical Response Team Member:

Were these actions effective in dealing with the Critical Incident? YES / NO

Are there any preventative measures that can put in place to prevent another similar Critical Incident occurring: Yes No

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If yes, please detail _____

Have all staff / students affected been offered de-briefing / counselling sessions?

Yes No

If yes, were these effective? Yes No

Recommended follow up action:

Signature _____

Date _____

WH&S recommended action:

Signature

Date

Media response (if applicable):

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Follow Up

Are there any changes / improvements required for our Critical Incident Policy?

Yes No

If yes, please details

Does any staff require any professional development to improve their skills following this critical incident? Yes No

Chief Executive Officer: **Signature:** **Date:**

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