



CRITICAL INCIDENT REPORT FORM

TYPE OF INCIDENT:

- Injury to Staff
 Vehicle Accident
 Property Damage
 Fire
 Injury to Student
 Theft/Loss
 Environmental Damage
 Assault
 Damage

If other, please specify:

DETAILS OF INCIDENT:

DATE
 TIME
 Location

DETAILED INFORMATION OF WHAT ACTIVITY WAS TAKING PLACE WHEN IT HAPPENED

DESCRIPTION OF INJURY

DESCRIPTION OF INCIDENT

DESCRIPTION OF DAMAGE

WERE ANY OTHER SERVICES INVOLVED/ATTENDED? (IF YES, PLEASE ATTACH A COPY OF A REPORT)

REPORT RECEIVED BY

PERSON/S INVOLVED :

(INCLUDING EVERYONE WHO IS SOMEHOW RELATED TO THE INCIDENT)

FULL NAME	PHONE NO.	FULL ADDRESS

RECOMMENDED ACTIONS BY SITS COLLEGE REPRESENTATIVE/MANAGEMENT:

SIGNATURE		DATE	
-----------	--	------	--