

# Critical Incident Report

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of incident \_\_\_\_\_

Location (include address where applicable): \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Position of person completing form \_\_\_\_\_ Contact no: \_\_\_\_\_

Employees/Volunteers/Management Committee members involved in incident:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_
5. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Clients or community members involved in incident:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_
5. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Description of incident and background (relevant information leading up to the incident, circumstances, whether the incident was witnessed and other relevant issues):

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Who was informed of the incident (Manager, Queensland Police, Fire Brigade)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Actions taken to date: (including date and time of contact that Manager and other agencies were informed, as well details of support provided):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Follow up action planned:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Critical incident report form authorised by:

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(Signature of Employee)

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(Signature of Manager)

Date: \_\_\_\_\_

Date: \_\_\_\_\_