

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):

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:

(Signature of Employee)

(Signature of Manager)

Date: _____

Date: _____