CENTRAL MELBOURNE INSTITUTE
EXCELLENCE IN EDUCATION
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Critical Incident Form

Part A

Details of the person completing the form				
Name				
Phone no:				
Email:				
Date and Time of the incident				
Location of the incident				
Brief description of the incident				
Type of Incident:				
Description of Incident:				
Name and contact details for witnesses to the incident				
Was anyone injured?	No (Complete Part C)		Yes (Complete part B)	

Part B

Details of the Injured Person		
Name		
Gender		□ Male □ Female □ Other
Date of Birth		
Contact details		
Emergency contact details		
Description of the injury		
Treatment required	□ No □ First Aid □ Doctor □ Hospital admission □ Other, please specify	

Part C

Description of the damage	

Were there any other services involved/attended? (If yes, attach a copy of the report)		
Person/s involved:		
Name	**Contact number**	**Address**
Recommended actions taken by CMI		
Sign:	**Date:**	