CENTRAL MELBOURNE INSTITUTE
EXCELLENCE IN EDUCATION
Level 6 460 Bourke Street Melbourne 3000 Ph: 03 8637 7700 E-mail: info@cmi.vic.edu.au

CRITICAL INCIDENT REPORT FORM

1. Incident Overview

Date of Incident	____ / ____ / 20_____
Time of Incident	_____ AM / PM
Location of Incident	☐ On Campus ☐ Off Campus ☐ Online
Reported By (Name)	
Role	☐ Staff ☐ Student ☐ Other: _____
Contact Number	
Immediate Actions Taken	☐ First Aid ☐ Emergency Services Called ☐ Incident Contained ☐ None

2. Individuals Involved

Full Name	Student ID / Staff Role	Contact Info	Involvement
			☐ Victim ☐ Witness ☐ Responder
			☐ Victim ☐ Witness ☐ Responder
			☐ Victim ☐ Witness ☐ Responder

3. Incident Type (Tick all that apply)

☐ Death or serious injury

☐ Physical or sexual assault

☐ Mental health crisis (e.g., suicide attempt)

☐ Threat of harm / violence

☐ Drug or alcohol incident

☐ Missing person

☐ Natural disaster

☐ Fire or explosion

☐ Other: _____

4. Incident Description

Please describe the event in detail, including sequence of events, observed behaviours, and any contributing factors:

5. Initial Support and Safety Actions

Action	Performed By	Notes
☐ First Aid Administered		
☐ Emergency Services Contacted	☐ Police ☐ Ambulance ☐ Fire	
☐ Family / Emergency Contact Notified		
☐ Immediate Counselling Provided		
☐ Evacuation Conducted		
☐ Site Secured		

6. Follow-Up Plan

Task	Assigned To	Due Date	Completed
Referral to external support services			☐
Academic adjustments required			☐
Family engagement or debriefing			☐
ASQA Notification (if required)			☐
Add to Continuous Improvement Register			☐

7. Compliance and Recordkeeping

Report Received By	
Date Received	____ / ____ / 20_____
Secure File Location	_____
Incident Number	CI-_____-20
Retention Schedule	Minimum 2 years post-enrolment

8. Authorisation

Name	**Signature**	**Date**
Reporting Staff: ……..		
Compliance Manager: ……..		
CEO (if escalated): ……		