

Accidents and Critical Incidents Report Form

Complete this form to report incidents involving and/or impacting CLV students. Incidents are categorised according to actual/alleged impact on Students.

Use the Incident Report Guide to assist in completing the form.

If completing a paper copy, please use **black or blue** pen only. If more space is required for any section, please attach an additional clearly labelled page/s.

Parts 1 – 4 are to be completed by the most CLV staff member present at the time of the incident, the 'reporter'

Part 1: Reporter details

Reporting person's name:

Telephone number:

Position title:

Reporting organisation:

School name

Part 2: Incident details

Date of incident: *DD/MM/YYYY*

/ /

Time of incident:

☐ ☐
AM

☐ ☐
PM

If you did not see the incident:

Date you were first told about the incident: *DD/MM/YYYY*

/ /

Time first told of incident:

☐ ☐
AM

☐ ☐
PM

Address/location of incident:

Where did it happen?

Incident type

Refer to the Incident types (list C). Choose and write down ONE (the most serious) incident type only. Copy exact wording from the list.

For incidents involving **assault**:

Please mark one only.

'Other' refers to those who are not parents, students, or staff but who were involved in the incident.

☐ parent to parent

☐ parent to staff

☐ staff to parent

☐ parent to student

☐ staff to student

☐ student to student

☐ other

Part 3: Who was involved?

Please complete for each person involved in the incident. This includes witnesses.

	Family name	First name	Sex (M/F)	Aboriginal or Torres Strait Islander (circle one)	Date of Birth	Address	Participant/ Witness/ Victim/ (P/W/V) (circle one only*)	Injured (circle one)	Medical professional required (circle one)
1				Y N			P W V	Y N	Y N
2				Y N			P W V	Y N	Y N
3				Y N			P W V	Y N	Y N
4				Y N			P W V	Y N	Y N

* Only mark 'victim' when an incident involves assault.

Staff or others: details

Please complete for each CLV staff member or others involved in the incident, including any witnesses.

	Family name	First name	Position/title	Staff / Volunteer (circle one)	Participant/ Witness/ Victim/ (P/W/V) (circle one only)	Injured (circle one)	Medical professional required (circle one)
1				S V	P W V	Y N	Y N
2				S V	P W V	Y N	Y N
3				S V	P W V	Y N	Y N
4				S V	P W V	Y N	Y N

Part 4: What happened?

Describe the incident and the immediate response of staff.

This section should be a brief, factual account of the incident. Include impact to the person who was involved; how, where and when the incident occurred; who did what; who (if anyone) was injured and the nature and extent of injuries (if applicable).

Was any property or equipment damaged? ☐ Yes ☐ No

Details of damage:

Signature of reporter:

Date: / /

Part 5: Principal's report

Part 5 to be completed by the Principal or Assistant Principal after being notified of the incident.

Print Name: _____

Telephone: _____

Position: _____

Brief summary of incident (for all incidents)

Provide a brief summary of the incident in 20 words or less.

What actions have been taken and what follow-up actions will be taken in response to the incident?

Please describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident.

Staff to Student assault and/or abuse in care

These refer to alleged or actual physical or sexual assault where a student in care is the victim, and the perpetrator is a staff member.

Is this an incident of staff to student assault?

☐ Yes

☐ No

If yes, complete the remaining items in this section.

Have immediate student safety needs been met?

☐ Yes

☐ No

Has an investigation been initiated?

☐ Yes

☐ No

Is this an incident of abuse in care?

☐ Yes

☐ No

Please provide details:

Compulsory treatment (for Disability Services students only):

Are any of the students subject to compulsory treatment under the Disability Act (2006)?

☐ Yes

☐ No

Other areas informed

Police contacted:

☐ Yes

☐ No

Date: / /

Time:

☐ N/A

Police officer's name:

Telephone:

Police investigation:

☐ Yes

☐ No

Date: / /

☐ N/A

Emergency Services:

☐ Yes

☐ N/A

Date: / /

Case number:

Emergency & Security Management notified:

☐ Yes

☐ No

Date: / /

☐ N/A

Report quality checked:

☐ Yes

Signature of Manager:

Date:

/ /

Time:

INTERNAL USE

Date received the form:

Action taken:

Date report completed: