



Critical Incident Initial Report

Code: AIIHE44

This form is to be used for the reporting of critical incidents.

Date of incident: / /

Reported by:

Description of incident

What happened?

Where did it happen?

What time and date did it happen?

Names of all the people who were involved

Who was affected by the incident?

Who has been notified of the incident?

Other relevant information on the incident:

Supporting documentation

Signature of person reporting this incident

Name:

Signature:



Australian International
Institute of
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

STAFF USE ONLY

Report Reference Number:

Received on:

Acknowledged on:

Passed to responsible officer (*Critical Incident and Emergency Response Team member, or other relevant responsible officer*):