

# CRITICAL INCIDENT INITIAL REPORT



Australian International  
Institute of  
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

This form is to be used for the reporting of any critical incidents on campus. Please use additional pages if necessary and attach them to this report.

Date of the Incident:	
Reported By (full name):	
<b>DESCRIPTION OF INCIDENT</b>	
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:	



## CRITICAL INCIDENT INITIAL REPORT

Supporting  
documentation: (please  
write the names here, if  
any)

### PERSON REPORTING THIS INCIDENT

Full Name:

Phone Number:

Email  
Address:

Signature:

Date:

### OFFICE USE ONLY

Reference Number:

Receiving Date:

Receiving Officer:

Acknowledgement  
Date:

Reviewing Officer:

This report must be passed to a responsible officer (member of the Critical Incident and Emergency Response Team or another relevant responsible officer) for review and further steps.