

CRITICAL INCIDENT REPORTING FORM

PART A - DETAILS OF PERSON AFFECTED	
Name:	Surname:

Student: <input type="checkbox"/>	Staff: <input type="checkbox"/>	Visitor: <input type="checkbox"/>	Other: <input type="checkbox"/>	Specify if other:
Tick course if student:	BDes: <input type="checkbox"/>	MDes: <input type="checkbox"/>	VET for Schools: <input type="checkbox"/>	Other <input type="checkbox"/> (Specify):
Campus	Sydney: <input type="checkbox"/>	Melbourne: <input type="checkbox"/>	Brisbane: <input type="checkbox"/>	

Date:		Time:	
Specific Location:			
Reported by:	Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Other <input type="checkbox"/> Specify if other: <input type="checkbox"/>

PART B - INCIDENT DETAILS <i>(tick as appropriate)</i>			
Injury: <input type="checkbox"/>	Violence / Aggression: <input type="checkbox"/>	Complaint: <input type="checkbox"/>	Inappropriate conduct: <input type="checkbox"/>
Theft: <input type="checkbox"/>	Bullying / Harassment: <input type="checkbox"/>	Discrimination: <input type="checkbox"/>	Intoxication: <input type="checkbox"/>
Illicit substance: <input type="checkbox"/>	Refuse entry to campus: <input type="checkbox"/>	Misconduct (non-academic): <input type="checkbox"/>	
Other: <input type="checkbox"/>	Specify if other:		

What happened? (Describe the nature of the incident)

Witnesses Name:
(if any)

Surname:

Contact:

Witnesses Name:
(if any)

Surname:

Contact:

Name of affected person

Date

Signature

Name of reporting person (if different)

Date

Signature

PART C - OFFICE USE ONLY

What action was taken to address the incident? *(tick as appropriate)*

If injury: No treatment required ☐; Applied first aid ☐; Arranged to send the student / staff home ☐;
Called ambulance ☐ *(Complete Attachment A for incidents of injury)*

If other than injury: Resolved informally at the time of incident ☐; Referred to relevant Whitehouse
Officer(s) for resolution in accordance with appropriate Policy ☐

Name:

Position:

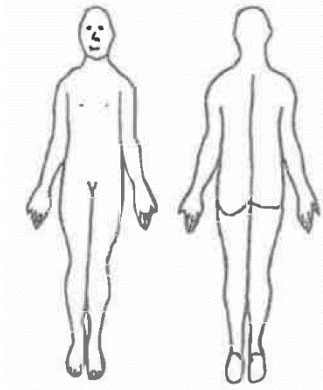
Date:

ATTACHMENT A:

The person reporting an injury will complete the form below to document the nature of the injury and treatment provided.

Note: If you are completing this form electronically, print the form after you have completed other relevant sections, then manually mark the body outline figure, sign, scan the form and submit it to:

enquiry@whitehouse-design.edu.au

Details of injury					
Observations	Time:	Time:	Time:	Injury (mark appropriate letter on body outline)	
Consciousness (fully; drowsy; unconscious)				Abrasion Burn Contusion Deformity Fracture Hemorrhage Laceration Pain Piercing Rigidity Swelling Tenderness Other:	
Breathing (not breathing, normal or describe)					
Skin colour					
Fluid output (blood, vomit, urine, clear fluid)					
Other observations(s)					

Describe treatment provided (if any):

**Name of Whitehouse staff
member providing treatment
(if any)**

Date

Time

Signature

**Reviewed by Critical Incident
Management Committee
(if required)**

Date

Time

**Signature - CIMC Chair or
delegate**