

## Critical Incident Report Form

### Section 1: Incident Overview

Field	Details
Date of Incident	Date: ____ / ____ / 20____
Time of Incident	_____ AM / PM
Location of Incident	<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Online
Reported By (Name)	
Role	<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
Contact Number	
Immediate Actions Taken	<input type="checkbox"/> First Aid <input type="checkbox"/> Emergency Services Called <input type="checkbox"/> Incident Contained <input type="checkbox"/> None

### Section 2: Individuals Involved

Full Name	Student ID / Staff Role	Contact Info	Involvement
			<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Responder
			<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Responder
			<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Responder

### Section 3: Incident Type (Tick all that apply)

- |                                                                       |                                            |
|-----------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Death or serious injury                      | <input type="checkbox"/> Missing person    |
| <input type="checkbox"/> Physical or sexual assault                   | <input type="checkbox"/> Natural disaster  |
| <input type="checkbox"/> Mental health crisis (e.g., suicide attempt) | <input type="checkbox"/> Fire or explosion |
| <input type="checkbox"/> Threat of harm / violence                    | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Drug or alcohol incident                     |                                            |

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### Section 4: Incident Description

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

### Section 5: Initial Support and Safety Actions

Action	Performed By	Notes
<input type="checkbox"/> First Aid Administered		
<input type="checkbox"/> Emergency Services Contacted	<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire	
<input type="checkbox"/> Family / Emergency Contact Notified		
<input type="checkbox"/> Immediate Counselling Provided		
<input type="checkbox"/> Evacuation Conducted		
<input type="checkbox"/> Site Secured		

### Section 6: Follow-Up Plan

Task	Assigned To	Due Date	Completed
Referral to external support services			<input type="checkbox"/>
Academic adjustments required			<input type="checkbox"/>
Family engagement or debriefing			<input type="checkbox"/>
ASQA Notification (if required)			<input type="checkbox"/>
Add to Continuous Improvement Register			<input type="checkbox"/>

## Critical Incident Report Form

### Section 7: Compliance and Recordkeeping

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

### Section 6: Follow-Up Plan

Task	Signature	Date
Reporting Staff		
Compliance Manager		
CEO (if escalated)		

Please submit this form to Student Services Officer in campus or email to [studentservices@mia.edu.au](mailto:studentservices@mia.edu.au)