



# RIVERDALE INSTITUTE

Suite 19, 2-14 Station Place, Werribee, VIC 3030  
<https://www.riverdaleinstitute.edu.au>  
 1800-902-480  
 RTO NO: 45754 | CRICOS Provider Code: 03949M



## CRITICAL INCIDENT REPORT FORM

### TYPE OF INCIDENT:

<input type="checkbox"/>	Injury to Staff	<input type="checkbox"/>	Vehicle Accident	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Theft/Loss	<input type="checkbox"/>	Assault
<input type="checkbox"/>	Injury to Student	<input type="checkbox"/>	Environmental Damage	<input type="checkbox"/>	Damage

If other, please specify:

### DETAILS OF INCIDENT:

<b>DATE</b>	
<b>TIME</b>	
<b>LOCATION</b>	
<b>DETAILED INFORMATION OF WHAT ACTIVITY WAS TAKING PLACE WHEN IT HAPPENED</b>	
<b>DESCRIPTION OF INJURY</b>	
<b>DESCRIPTION OF INCIDENT</b>	
<b>DESCRIPTION OF DAMAGE</b>	
<b>WERE ANY OTHER SERVICES INVOLVED/ATTENDED? (IF YES, PLEASE ATTACH A COPY OF A REPORT)</b>	
<b>REPORT RECEIVED BY</b>	

### PERSON/S INVOLVED: (INCLUDING EVERYONE WHO IS SOMEHOW RELATED TO THE INCIDENT)

NAME	CONTACT NUMBER	ADDRESS

### RECOMMENDED ACTIONS BY RIVERDALE INSTITUTE REPRESENTATIVE/MANAGEMENT:

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<b>SIGNATURE</b>		<b>DATE</b>	
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