



CRITICAL INCIDENT REPORT FORM

PART A				
Details of the Person completing the form	Name:			
	Phone No:			
	Email Address:			
Date and Time of Incident				
Location of the Incident				
Brief Description of Incident	Type of Incident:			
	Description of Incident:			
Name and contact details for witnesses to the incident				
Was anyone injured	No (Complete Part C)		Yes (Complete part B)	

PART B				
Details of Injured Person	Name			
	Gender	☐ Male ☐ Female ☐ Prefer not Say ☐ Other/ Please Specify: _____		
	Date of Birth			
	Contact Details			
	Emergency Contact Details			
Description of Injury				
Treatment Required	☐ No ☐ First Aid ☐ Doctor ☐ Hospital admission ☐ Other, please specify _____			



PART C - ADDITIONAL DETAILS		
Description of Damage		
Were there any other services involved/attended? (e.g., police, ambulance, fire)? (If yes, attach a copy of the report)		
Person/s Involved		
Name	Contact Number	Address
RECOMMENDED ACTIONS TAKEN BY GREENHILL INSTITUTE (GI)		
CHECKLIST		
☐ Incident entered into Critical Incident Register ☐ PRISMS notification required? ☐ Yes ☐ No (If yes, date submitted: ____/____/____) ☐ Follow-up counselling or support provided ☐ Referred for continuous improvement review ☐ Document filed in accordance with Records Management Policy		
Sign:	Date:	