Critical Incident Report

Name of Swanston Institute Employee:	
Role within Swanston Institute:	
Date of Critical Incident:	
People involved in the critical incident (& their role within Swanston Institute):	
Description of Critical Incident:	
Emergency Service involved:	☐ Yes (Police/Ambulance/Fire) ☐ No
Follow up required for people involved in critical incident:	☐ Medical ☐ Counselling ☐ Police Statements ☐ Notification to family ☐ Other Details of follow-up:
Reported Critical Incident to:	

Name	**Signature**	**Date**