

CRITICAL INCIDENT FORM

ABOUT THIS FORM

The **Critical Incident Form** is used to record, assess, and manage any serious or unexpected event that poses a risk to the safety, wellbeing, or reputation of students, staff, or the Institute of International Studies (IOIS). The form ensures that all incidents are documented promptly, appropriate actions are taken to minimise harm, and follow-up support and reporting processes are completed in accordance with IOIS's **Critical Incident Policy and Procedures**.

BACKGROUND DETAILS

DATE OF INCIDENT			
TIME OF INCIDENT			
PLACE OF INCIDENT			
PERSON AFFECTED		MOBILE	
WITNESS NAME		MOBILE	
REPORTED BY		MOBILE	

INCIDENT DETAILS

TYPE OF INCIDENT (PLEASE TICK)		
<input type="checkbox"/> Drugs	<input type="checkbox"/> Injury / Health Emergency	<input type="checkbox"/> Natural Disaster
<input type="checkbox"/> Sex Offence	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Physical Assault
<input type="checkbox"/> Violence	<input type="checkbox"/> Theft / Loss	<input type="checkbox"/> Intruders
<input type="checkbox"/> Others (Please specify)		

ACTION TAKEN

Please describe the incident

ACTION TAKEN

Clear description of the action taken

FOLLOW UP

Follow up actions or improvements

DECLARATION

I declare that the information provided by me to the best of my knowledge is accurate and truthful and can be used to investigate the complaint or appeal.

SIGNATURE	
DATE	