



Critical Incident Report

Name:	
Role within ACE (e.g. Staff, specify position, or Student):	
Date and time of critical incident:	/ / : hours
People involved in the critical incident (& their role within ACE):	
Description of critical incident:	
Description of emergency services provided	
Emergency Service involved:	<input type="checkbox"/> Yes (Police / Ambulance / Fire) <input type="checkbox"/> No
Follow up required for people involved in critical incident:	<input type="checkbox"/> Medical <input type="checkbox"/> Counselling <input type="checkbox"/> Police Statements <input type="checkbox"/> Notification to family <input type="checkbox"/> Other, please specify: Details of follow up:
Reported Critical Incident to:	

Reporting Staff Name:..... Signature:..... Date:.....

Approval by Student Support Service Officer (SSSO)

Name of SSSO:.....Signature:.....Date:.....