

Critical Incident Report Form

This document is to be completed by any SMEAG English staff member/students in case of incident affecting their wellbeing during and outside of class attendance.

Name of Employee/Student:	
Role within SMEAG English:	
Date of Critical Incident:	
People involved in the critical incident (& their role within SMEAG English):	
Description of Critical Incident:	
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 Details of follow up: _____ _____ _____ _____
Reported Critical Incident to:	

Name

Signature

Date