



Critical Incident Summary Report

Date of incident:		Time of incident:		Place of incident:	
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Critical incident details:	
Staff involved:	
Student(s) involved (if applicable)	
Emergency services in attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Action taken:	
Level of intervention(s):	<input type="checkbox"/> Prevention <input type="checkbox"/> Response <input type="checkbox"/> Post-Incident



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Summary of intervention(s):			
Submitted by:		Date:	