

CRITICAL INCIDENT REPORT

ATTENTION: If you need urgent support, please dial 000 immediately.

STUDENT DETAILS	
Family Name	
Given Name	
Date of birth	
Student ID number	
Email	
Mobile number	
Living address	
TYPE OF INCIDENT	
☐ Serious medical / injury / health emergency	
☐ Missing student	
☐ Death	
☐ Verbal abuse	
☐ Violence	
☐ Drugs / alcohol abuse	
☐ Sexual harassment / assault / abuse	
☐ Others: please provide more details below.	

ACTION TAKEN INTERNALLY

Tick any of the following people to whom you have reported your critical incident.

- ☐ CEO
- ☐ Admin Staff
- ☐ Academic Staff
- ☐ Teacher

ACTION TAKEN EXTERNALLY

Tick any of the following organisations to whom you have reported your critical incident.

- ☐ Emergency support (police / medical support/fire and rescue)
- ☐ Social worker
- ☐ Department of Home Affairs (Immigration Office)
- ☐ Others: please provide more details below.

SUMMARY OF THE INCIDENT (INCLUDING INCIDENT DATE / TIME / LOCATION)

INCIDENT INFORMATION: WHAT ACTIONS HAVE ALREADY BEEN TAKEN?

INCIDENT INFORMATION: WHAT FURTHER ACTIONS ARE REQUIRED?	
INCIDENT INFORMATION: WHO NEEDS TO BE INFORMED? WHO HAS ALREADY BEEN INFORMED?	
IF YOU HAVE A WITNESS, PLEASE PROVIDE DETAILS.	
Witness name	曹阳
Witness contact details	
HOW TO SUBMIT	
Please send this Form to the Innovative Institute of Australia admin team via admissions@innovative.edu.au.	