

## Critical Incident Form

The College of Business Management Pty Ltd t/a The College of Business Management (CBM)

### Part A

Details of the person completing the form	Name			
	Phone no:			
	Email:			
Date and Time of the incident				
Location of the incident				
Brief description of the incident	Type of Incident:			
	Description of Incident:			
Name and contact details for witnesses to The incident				
Was anyone injured?	No (Complete Part C)		Yes (Complete Part B)	

### Part B

Details of the Injured Person	Name			
	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
	Date of Birth			
	Contact details			
	Emergency contact details			
Description of the injury				
Treatment required	<input type="checkbox"/> No <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital admission <input type="checkbox"/> Other, please specify			

## Part C

<b>Description of the Damage</b>		
<b>Were there any other services involved/ attended? (If yes, attach a copy of the report)</b>		
<b>Person/s involved:</b>		
<b>Name</b>	<b>Contact number</b>	<b>Address</b>
<b>Recommended actions taken by The College of Business Management (CBM)</b>		
<b>Sign:</b>	<b>Date:</b>	