

# Incident Report Form - Please email all completed reports to

### Admin@whitehousecollege.edu.au

# Type of incident – Please tick

Accident / Injury		Mental Health	
Theft		Property Damage	
Assault		Vehicle accident	
Fire		<b>Medical incident</b>	
Other (Please State):			

Name of Person reporting	
Telephone number	
Email address	

# I am a (Please tick)

Staff member	
Student	
Visitor	
Other (Please state)	

### **Details of the incident**

Where did the incident occur?		
When did the incident occur?	Date:	Time:
Names of Witnesses		



Details of what occurre during the incident an cause of the incident	d where inju			_	
What action was ta	aken:				
First Aid Administered					
Emergency Services C	alled				
Evacuation					
Other: (Please specify)					
					-
Office use only					
Received by: Incident number allo	cated:	L	Date:		
Corrective action agreed					
CEO signature:					