



CRITICAL INCIDENT REPORT

Forward promptly to District Office and School Care.

Email: schoolcareDECD@sa.gov.au or Fax 8463 6620 or Phone 8463 6568

PLEASE PRINT CLEARLY

1	District Director:	District No:
	School / Pre- School:	Site No.
2	Principal / Director:	Telephone:
	Date of Incident:	Time of Incident: :

Affected Person (s)	Type of Incident
3 <input type="checkbox"/> Student <input type="checkbox"/> Parent / caregiver <input type="checkbox"/> Teacher <input type="checkbox"/> Support Staff <input type="checkbox"/> Manager - <i>supervisory role other than site manager</i> <input type="checkbox"/> Director District / Corporate <input type="checkbox"/> Parent / caregiver / volunteers, school / pre-school community members <input type="checkbox"/> Other	<input type="checkbox"/> Media – <i>Newspapers, TV / Radio. Describe extent of coverage or likely coverage</i> <input type="checkbox"/> Parent Issue <input type="checkbox"/> Major disruption to school routine – <i>include likely duration of disruption</i> <input type="checkbox"/> Disaster – <i>eg natural, (fire/flood) physical, (gas leak, burst water main)</i> <input type="checkbox"/> Drugs <input type="checkbox"/> Problematic Sexual Behaviour <input type="checkbox"/> Serious medical / injury / health emergency <input type="checkbox"/> Intruders – <i>ex students, paedophiles/stalker, breaker</i> <input type="checkbox"/> Police – <i>state action taken or likely by Police – attendance, notified by phone, advice sought.</i> <input type="checkbox"/> Weapons – <i>describe weapons and method of use (or carried)</i> <input type="checkbox"/> Actual physical violence <input type="checkbox"/> Threat of physical violence <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Other

Action Taken	
4 <input type="checkbox"/> Media management / assistance <input type="checkbox"/> Counselling <input type="checkbox"/> Additional Staffing <input type="checkbox"/> Security <input type="checkbox"/> School Care <input type="checkbox"/> Police Advice	<input type="checkbox"/> District office <input type="checkbox"/> State Office <input type="checkbox"/> Social Worker <input type="checkbox"/> Health and Safety Services <input type="checkbox"/> Other <input type="checkbox"/> None

Clear concise description of the Incident *If insufficient space is provided on this form, please attach additional sheet*

5		
6	Reported by:	Additional Support Required <input type="checkbox"/>
	Director Central Coordination (Comments)	