

## Critical Incident Form

### Part A

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

### Part B

<b>Details of the Injured Person</b>	Name			
	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
	Date of Birth			
	Contact details			
	Emergency contact details			
<b>Description of the injury</b>				
<b>Treatment required</b>	<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>	
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<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 Hawk Institute</b>		
<b>Sign:</b>		<b>Date:</b>