



CRITICAL INCIDENT REPORT FORM

(Extra sheets if needed)

Date of incident

Time of incident

Location of incident

Description of incident.....

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Names of people directly involved in the incident

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Immediate action taken by ALACC Staff

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Organisations and people contacted and informed of the incident

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Follow up actions and improvements

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Student Support Officer _____ **Date** _____

CEO/Director of Studies _____ **Date** _____