INSTITUTE OF MANAGEMENT AND TRADE
RTO No: 45905 Cricos Provider no: 04052M

Incident Report Template

Incident Report:
Date:
Time:
Location:
Reported to:
Reported by:
Incident relates to Staff or Student:
Incident Description:
Others Involved: **Name:** **Phone contact:**
Others Involved: **Name:** **Phone contact:**
Others Involved: **Name:** **Phone contact:**

Incident Report:
Witness **Name:** **Phone contact:**
Witness: **Name:** **Phone contact:**
Immediate Action Taken:
Recommendations:
Submitted By:
Date Submitted:
Follow-Up: