

CRITICAL INCIDENT REPORT FORM

GENERAL INFORMATION

Security Services Incident Report #: _____

1. Date of Incident (yyyy/mm/dd): _____ 2. Time of Incident (am/pm): _____

3. Nature of Threat or Concern: [] Verbal [] Written [] Physical

4. Physical Injury: [] Yes [] No

If yes, please describe: _____

5. Where did incident occur: [] On Campus [] Off Campus (eg. phone call) [] PSC

Specific Location (if available): _____

6. Action Taken/End Result of Incident: [] Ongoing [] No Further Action Taken

[] PSC On-Duty Clinician Contacted

[] External Agency Contacted (ie. Winnipeg Police, etc)

Please specify: _____

7. Reported by: _____ Contact Info: _____

SUBJECT DETAILS (Please indicate N/A for "Not Applicable" or "Not Available")

1. [] Male [] Female

2. Name (if applicable): _____

Surname

Given Name

Middle Name

3. Age: _____

4. Weight: _____

5. Height: _____

6. Hair Colour: _____

7. Eye Colour: _____

8. Tattoos/Scars: _____

9. Clothing: _____

10. Other: _____

Critical Incident Reports

Please record all of the following:

- injuries
- critical incidents with the general public whether by phone or by walk-ins
- clients in crisis and on-duty assistance is required

The report should be sent to campus police when:

- the threat of harm of self or others is observed
- emergency intervention is required

Campus police:

- On campus emergency – 555
- On campus Security Services – 9312
- On MTS or ATT phones - #555
- Security Services fax - 474-7534