

Incident Category 1 - Urgent
Referred to Regional Director
for Immediate Action

General Manager,

Community Services Victoria
Incident Reporting
GENERAL MANAGER

NAME OF FACILITY	Date & Time of Incident
Reporting Officer:	Position:

General Nature of Incident

Persons Involved: (Provide name, DOB, status, sentence, etc).

Significant Details of Incident (note any areas of likely media interest or other sensitivities:

Local Action Taken:

Other groups/agencies involved:

Further action recommended by local manager:
(include debriefing where applicable)

Suggested response to media:

Facility Manager/Regional Director

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Date: