# SERIOUS INCIDENT REPORT

CSV COMMUNITY SERVICES VICTORIA

Region:

Attention: GENERAL MANAGER / REGIONAL DIRECTOR / FACILITY MANAGER

CATERGORY 1
CATERGORY 2
CATEGORY 3

Name of facility:

Date of incident: Time of incident:

Reporting officer: Position:

Persons involved (name, DOB, status, sentence etc):

General nature of incident (Give specific details, media interest, etc.)

Local action taken:

CSV facility
Other (give details)

Further action recommended by local manager. (Include debriefing plans for staff affected by incident)

Suggested response to media:

Facility Manager/Regional Director Date:

Copy to SPO/CP&FS (Categories 1 & 2)



Produced by CSV Promotions Unit