## Form 4. Post-activity critical incident report

**This form must be completed when there has been a critical incident during the course of an activity. A critical incident is an incident that could be classed as an emergency, including but not limited to serious breaches of the code of behaviour, serious illness or injury, death, assault or other violent occurrences, political or civil unrest, and natural or environmental disasters, or any other event that could lead to the termination of an individual’s or group’s participation in an off-campus activity. The completed form must be submitted no later than two weeks after the end of the activity.**

**Person who is submitting the report**

**Activity coordinator** [ ]  **Activity leader** [ ]

**Name**: Click here to enter text.

**E-mail**: Click here to enter text.

**Telephone**: Click here to enter text.

**Nature of activity**

Choose an item.

**For an academic activity, please indicate the course number and title**: Click here to enter text.

**For an athletics activity, please indicate the team**: Click here to enter text.

**Activity name**: Click here to enter text.

**Description of the incident**

**Location** (city, province, country, as appropriate): Click here to enter text.

**Date of the incident**: Click here to enter a date. **Time**: Click here to enter text.

**Please describe the nature of the incident**.

Click here to enter text.

**Please describe the measures that were taken and the final outcome**.

Click here to enter text.

**In the case of a serious breach of the code of behaviour, what disciplinary actions against the student have you recommended, or do you recommend?**

Click here to enter text.

**In light of this incident, do you recommend any changes to how similar activities are undertaken in the future?** Changes might include the training and orientation of students, the training of Activity Leaders, etc.

Click here to enter text.

**Additional comments**:

Click here to enter text.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: Click here to enter text.