CRITICAL INCIDENT REQUEST

1. INITIAL CONTACT

Received From: _____ Date: _____

Contact Person: _____

Home Phone: _____ Work Phone: _____

Agency Name: _____

Address: _____

Chief Administrator: _____

Is this person aware of the request? yes no

Telephone number, if different: _____

2. INCIDENT

Nature of Incident: _____

_____

_____

Date/time of Incident: _____

Location of Incident: _____

Services involved / Number of People & Departments Involved: _____

_____

Has the group experienced other critical incidents, prior CISM experiences? _____

Are any of the participants related to the victim(s)? _____

What Reactions Are You Seeing? (Individual/Group) _____

_____

What are underlying issues with this group (if any)? _____

_____

Any issues expected to come up? _____

How many people might be expected to attend? _____

Are any participants CISM trained? _____

If approved, who will provide healthy snacks for the event? _____

Where can we get information about this event? Newspaper clippings; video footage, photos, online information _____

_____

Urgency of Request: Immediate Contact: _____

Within 24 hours: _____

Within 72 hours: _____

Other: _____

3. LOCAL EMERGENCY RESPONSE UNDER WAY: yes no

Contact Person: _____

Phone Number: _____

4. STATE EMERGENCY RESPONSE UNDER WAY: yes no

Contact Person: _____

Phone Number: _____

5. ACTION TAKEN

Request Approved, Team Activated:

Names of Event Team: _____

_____

_____

Rendezvous Point: _____

Directions: _____

_____

_____ Time: _____

Date and time of Debriefing: _____

Location of Debriefing: _____

Directions to Location: _____

_____

_____

CISM Event for (specify populations): _____

_____

Size of Group Expected: _____

_____

Request Denied:

Reason: _____

_____

_____

_____

Alternative Services Offered:

_____

_____

_____

Additional Information: _____

_____

_____

6. RECORDER'S NAME: _____

DEBRIEFING REPORT

1. **DATE OF INCIDENT:** _____
2. **DATE OF DEBRIEFING:** _____
3. **AGENCY NAME:** _____
4. **DEBRIEFERS:** _____

   _____
5. **NATURE OF INCIDENT:** _____

   _____

   _____
6. **NUMBER OF PERSONS ATTENDING:** _____
7. **GENERAL ISSUES OF DEBRIEFING:** _____

   _____

   _____
8. **THINGS THAT COULD HAVE BEEN DONE DIFFERENTLY:** _____

   _____

   _____

   _____

   _____
9. **RECOMMENDATIONS FOR FOLLOW-UP:** _____

   _____

   _____

   _____

   _____
10. **ADDITIONAL COMMENTS:** _____

    _____

    _____

    _____

    _____

11. **SIGNATURE:** _____ **DATE:** _____