

CONFIDENTIAL CRISIS REPORT

Fill out this form immediately <u>after</u> taking all of the necessary steps required of you to manage the crisis.

Please record <u>all</u> of the facts – and <u>only</u> the facts.

Please use additional paper as needed.

NA	AME OF PERSON INJURED, ILL, or VICTIMIZED:			
		_Circle one:	Adult	Child
1.	Date of Crisis:			
2.	Time of Crisis (am/pm)			
3.	Name of person writing report:			
4.	Job Title:			
5.	Name of Person Who Informed Me of Crisis:			
6.	Contact Information of Person Who Informed Me of at time of incident):			
7.	Information about the crisis:			
	a. What happened?			
	b. Where did it happen?			
	1.1			

Nam	e	Age	Phone Number
Nam	e	Age	Phone Number
Nam	e	Age	Phone Number
Nam	ie	Age	Phone Number
Nam	e	Age	Phone Number
Nam	e	Age	Phone Number
WITE	en appropriate.) 911 was called. WHEN Who made the call to 9	Time	Date
Γ	The GSPI Crisis Phone	was called WHEN2	
	The GSRI Crisis Phone Others were notified. If exactly when they were	this was done, please	Time D specify who was notifi
	Others were notified. If	this was done, please e notified:	
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	Others were notified. If exactly when they were Name Name Name Other/additional actions	this was done, please notified: T T s were taken before I of	specify who was notifi
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