



NYS Employee Assistance Program Critical Incident Report (CIR)

For Office Use Only	
Rep _____	PM _____
Log _____	APM _____

Contact Information

EAP Coordinator: _____ Phone: _____ EAP Regional Rep: _____

Additional EAP Coordinators assisting: _____

Critical Incident Information

Agency (Facility) name: _____

Agency (Facility) contact: _____ Phone: _____ Email: _____

Date and time of the incident: _____ Location: _____

Did this happen in the workplace? Yes No

Who was involved? Employee Coworker(s) Family Member Other (Check all that apply)

Description of the incident: _____

Actions Taken

Date of EAP Coordinator initial response: _____ EAP Regional Representative notified: Yes No

Who notified the EAP coordinator (name and title)? _____ Date: _____

Description of actions taken by EAP Coordinator (Indicate services and number served):

- | | |
|--|--|
| <input type="checkbox"/> dissemination of literature | <input type="checkbox"/> management consultations |
| <input type="checkbox"/> walk-arounds | <input type="checkbox"/> individual sessions |
| <input type="checkbox"/> stand-ups | <input type="checkbox"/> referral to community resources |
| <input type="checkbox"/> referral to response team | <input type="checkbox"/> other (specify) _____ |

Follow-up plans _____

Was a response team utilized? Yes No Agency/Organization: _____

Does the agency/facility have a critical incident (crisis or trauma) policy? Yes No

EAP Coordinator Signature: _____ Date Submitted: _____

Reminder: Notify your EAP regional representative immediately when there is a critical incident and submit the CIR form to the EAP regional representative within *one* week of your initial response to the critical incident. Report this critical incident on your monthly statistics form.