

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.

ΝA	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 oat time of incident):	of Crisis (phon	e number	· & location
7.	Information about the crisis:			
	a. What happened?			
	b. Where did it happen?			

Name		Age	Phone Number	•
Name		Age	Phone Number	•
Name		Age	Phone Number	
Name		Age	Phone Number	
Name		Age	Phone Number	,
Name		Age	Phone Number	•
	911 was called. WHE! Who made the call to	Time	Date	
	Who made the call to	911?		
	The GSRI Crisis Phon	e was called. WHEN? _	Time	Dat
	1	f this was done, please	Time	
	Others were notified. I	f this was done, please re notified:	Time	notifie
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