



**(Police Agency Name Here)
Crisis Intervention Contact Sheet**



Date: Time of Call: Report Number:
 Shift: Total Time on Call: MH Follow-up Requested:
 Location:
 Type: Personal Residence Other Residence Group Home Business Service Provider Public Property

Subject:
 Name: DOB: Phone number:
 Address: County of Residence:
 Race: Asian Black/African American Latinx White/Caucasian Other
 Sex: Male Female
 Juvenile:
 Person/Agency Reporting:
 Acquaintance Mental Health Unknown
 Addiction Services Passerby Other
 Hospital Relative
 Law Enforcement Subject

Crisis/Event:
 Addiction Related Court Order Homeless Suicide Thoughts
 Anxiety Related Dementia Intellectual Disability Suicide Threat
 Autism Spectrum Depression Non-suicidal Self-injury Suicide Attempt
 Behavioral Concerns Delusions/Hallucinations Trauma Related Suicide Completed
 Other: Threat to Others

Response: No Contact Active Listening/De-escalation Force Used
 Weapon Involved: Firearm Makeshift Edged Weapon Other

Disposition: No Contact with Subject Medical Facility/ER Provided Referral Information
 No Police Action Taken Arrest Unfounded
 Mental Health Facility Death
 Facility:

Transport by: Law Enforcement Ambulance No Transport Other
 Utilized other agency for assistance:

Emergency Hospitalization:
 Subject taken into custody for evaluation: Yes
 Process initiated by: Law Enforcement Physician/Medical Professional
 Health Officer Other

Crime: Incident has related crime: Yes Misdemeanor Felony
 Criminal charges to be filed: Yes No TBD

Injury: Force Used. Incident resulted in injury: Yes Subject Injured Officer Injured Other Injured

Officer: Supervisor:
 Unit: CIT Officer: Unit: