

SEIA CRISIS INTERVENTION TEAM REPORT

OFFICER: _____ DEPARTMENT: _____ DATE: _____

LOCATION OF INCIDENT: _____ INCIDENT NUMBER: _____

INDIVIDUAL INVOLVED:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ DOB: _____ PHONE: _____

Reason officers called to scene:

Observations:

SUICIDAL: () YES () NO

If yes, () ATTEMPTED () THREATENED

BEHAVIORS: () Agitated () Uncooperative () Depressed () Delusions () Paranoid
() Disoriented () Hallucinations () Manic () Disorganized speech

SUBSTANCE USE: () Cocaine () Prescription Medication () Methamphetamine
() Alcohol () Heroin () Marijuana () Unknown () None

MENTAL HEALTH HISTORY: () Substance Abuse () CIT () Inpatient () Outpatient
() Suicide threat/attempt () Other () Unknown

MED COMPLIANT: () YES () NO () UNKNOWN

USE OF FORCE: () YES () NO **ARREST:** () YES () NO

TRANSPORTED: () POLICE () AMBULANCE () NOT TRANSPORTED

If yes, to where: _____

() VOLUNTARY () INVOLUNTARY () REFERRED

If referred, name of agency: _____

ADDITIONAL COMMENTS:

Officer Signature: _____

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