NORTHERN ROCKIES CRITICAL INCIDENT STRESS DEBRIEFING TEAM REQUEST FORM

SENSITIVE INFORMATION

GENERAL INFORMATION		
Date:	Time:	Incident/Project Name:
Incident Order Number:		Ordered By:
Management Code:		Location:
Nature of Critical Incident:		
Date And Time Needed:		Deliver To:
INITIAL REQUEST INFORMATION		
Name, Title and Phone No. of Critical Incident decision maker:		
Point of Contact – Peer Group – Name/Cell Number: Agency Liaison:		
What Happened:		
Who was involved:		
When did Critical Incident oc	cur?	
Where did Critical Incident of	ccur?	
How did this occur?		
		N. 1. 6: :
Number of people involved:		Number of injured:
Number of deaths:		Where are the survivors now?
What is happening with the survivors now?		
Information on cultural, religious or family issues involved:		
Additional information:		