



Critical Incident Stress Management Team Debriefing Assessment Form

Form

Written: August 2004

Revised: May 2016

Reviewed: May 2016

Date: _____ Investigator: _____

Request by: _____ Agency: _____

Contact Numbers: _____

Request Received by: _____ Time: _____

Time Investigator Contacted: _____ (if not received by investigator)

Location of the Incident: _____

Date of the Incident: _____ Time of the Incident: _____

Nature of the Incident: _____

Agencies Involved in Incident: _____ Number of Personnel: _____

Agency 1: _____

Agency 2: _____

Agency 3: _____

Agency 4: _____

Agency 5: _____

- Is a defusing necessary? Yes _____ No _____ Individual _____ Group _____
- Is a debriefing necessary? Yes _____ No _____ Individual _____ Group _____

Contact Person: _____

Contact Numbers: _____