



## Critical Incident Stress Management Team Completion Summary Form

Form

Written: May 2016

Revised: June 2022

Reviewed: May 2016

CISM Activation Location: \_\_\_\_\_

Date of CISM Debriefing: \_\_\_\_\_ Time of Debriefing: \_\_\_\_\_

Member Name Completing Form: \_\_\_\_\_

Names of CISM Personnel Involved in Debriefing: \_\_\_\_\_

\_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Follow up Needed? Yes / No

When: \_\_\_\_\_

Where: \_\_\_\_\_

Referrals? Yes / No

Type of Activation: Defusing / Debriefing / Peer to Peer

Any Additional Comments:

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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Submit to TJEMS CISM Administrative Coordinator within 2 weeks of activation meeting.

For TJEMS Official Use Below

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Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_