Crisis Intervention Tracking Form

Agency Case #: ____________________

Subject:			Date of Birth:	Race:	Sex:
Home Address:				Times: / / /	
City:	State:	Zip:		Phone:	
Enrolled in Medical Security Program (MSP)? Yes ☐ No ☐ Unk ☐					
Diagnosis (if known):					

Call Dispatched ☐ Referred By: ____________________ Self-Initiated ☐ Other: __________

Nature of Incident *(check all that apply)*

- ☐ Disorderly/disruptive behavior
- ☐ Neglect of self-care
- ☐ Public Intoxication
- ☐ Nuisance (loitering, panhandling, trespassing)
- ☐ Theft/other property crime
- ☐ Drug-related offenses
- ☐ Suicide threat or attempt
- ☐ Threats or violence to others
- ☐ Other / specify:
- ☐ No Information

Threats/Violence/Weapons

Did subject use/brandish a weapon?
☐ Yes ☐ No ☐ Don't Know

If YES –
Type of weapon (*check all that apply*):
☐ Knife ☐ Gun
☐ Other / specify:

Did subject threaten violence toward another person?
☐ Yes ☐ No ☐ Don't Know
If so, to whom? (*Partner, Law Enforcement, Stranger, Etc)* ____________________

Did subject engage in violent behavior toward another person?
☐ Yes ☐ No ☐ Don't Know
If so, to whom? (*Partner, Law Enforcement, Stranger, Etc)* ____________________

Did subject injure or attempt to injure self?
☐ Yes ☐ No

Prior Contacts *(check all that apply)*

Known person (from prior police contacts)
☐ Yes ☐ No ☐ Don't Know
Repeat call (within 24 hours)
☐ Yes ☐ No ☐ Don't Know

Drug/Alcohol Involvement

Evidence of drug/alcohol intoxication
☐ Yes ☐ No ☐ Don't Know
If YES –
- ☐ Alcohol
- ☐ Other Drug / specify:
- ☐ Don't Know

Medication Compliance
☐ Yes ☐ No ☐ Don't Know

Specify if known:

Complainant Relationship

(check one)
- ☐ Partner/spouse
- ☐ Boyfriend/girlfriend
- ☐ Parent
- ☐ Sibling
- ☐ Friend/acquaintance
- ☐ Business owner
- ☐ Other family member
- ☐ Police Observation
- ☐ Other Stranger
- ☐ Don't Know

Behaviors Evident at Time of Incident *(check all that apply)*

- ☐ Disorientation/confusion
- ☐ Delusions – *specify if known*:
- ☐ Hallucinations – *specify if known*:
- ☐ Disorganized speech (freq. derailment, incoherence)
- ☐ Manic (elevated/expansive mood, inflated self-esteem, pressured speech, flight of ideas, distractible)
- ☐ Depressed (sadness, loss of interest in activities, loss of energy, feelings of worthlessness)
- ☐ Unusually scared of frightened
- ☐ Belligerent or uncooperative (angry or hostile)
- ☐ No information

Incident Injuries

Were there any injuries during incident?
☐ Yes ☐ No ☐ Don't Know

If so, to whom? (*Partner, Law Enforcement, Stranger, Etc)* ____________________

Disposition *(check all that apply)*

- ☐ No action/resolved on scene
- ☐ On-scene crisis intervention
- ☐ Police notified case manager or mental health center
- ☐ Outpatient/case management referral
- ☐ Transported to treatment facility

Facility Name: ☐ ☐
☐ Baker Act ☐ Marchman Act

☐ Arrested
If YES, most serious charges: ☐ ☐

Mental health referral ☐ Yes ☐ No

☐ Other – *specify*:

Prior to CIT, would you have taken this individual to jail? ☐ Yes ☐ No

What would the charges have been? ____________________

____

Signature of Officer: ____________________

Printed Officer Name: ____________________

Badge/ID #: ____________________

Agency: ____________________

Date: ____________________