MENTAL HEALTH - CRISIS INTERVENTION (CIT) REPORT

CHICAGO POLICE DEPARTMENT

Date/Time Assigned /

Address of Incident	Location Code	Beat of Occurrence	Assigned by ❒ OEMC ❒ Supervisor ❒ On-View

Event No.	RD No. (If applicable)	CB No. (If applicable)	IR No. (If applicable)

Previous Interaction ❒ Yes ❒ No	If known, list no. of times	Was Mental Health component indicated before arrival? ❒ Yes ❒ No

Subject Information

Name	Address

Sex ❒ Male ❒ Female	Date of Birth	Age	Race ❒ 1-Black ❒ 2-White ❒ 3-Black-Hispanic ❒ 7-Other ❒ 4-White-Hispanic ❒ 5-Amer. Ind/Alask. ❒ 6-Asian/Pacific Islander

Living Arrangements ❒ Homeless ❒ Family ❒ Independent ❒ Assisted Living ❒ Unknown

Hospitalization/Treatment

Prior mental health hospitalization	❒ Yes	❒ No	❒ Unknown
Prior mental health treatment	❒ Yes	❒ No	❒ Unknown
Current mental health treatment	❒ Yes	❒ No	❒ Unknown

If known, list Doctor's Name and Agency

Currently taking medication for mental illness ❒ Yes ❒ No ❒ Unknown

(If known, indicate name and last time the medication(s) were taken)

Did you observe any of the following (Check as many as apply):

- ❒ Nothing unusual observed
- ❒ Absurd, illogical thinking/talking
- ❒ Abnormal behavior/appearance
- ❒ Hearing voices/hallucinating
- ❒ Anxious/excited
- ❒ Paranoid or suspiciousness
- ❒ Violent behavior
- ❒ Severe, depressed mood
- ❒ Suicidal talk
- ❒ Suicidal gesture(s)
- ❒ Signs of alcohol/illegal drug use
- ❒ Possible developmental disability
- ❒ Aggressive/threatening behavior or speech
- ❒ Weapons, if checked ❒ Displayed ❒ Used

Member Actions

- ❒ Contact only: Card No. _____
- ❒ Transported to _____

  Type of facility ❒ Hospital ❒ Substance Abuse Facility ❒ Homeless Shelter ❒ Community Mental Health Facility ❒ Governmental Agency ❒ Home ❒ Other _____ Specify
- ❒ Hospitalization ❒ Yes ❒ No

  If yes, ❒ Voluntary ❒ Involuntary

  Petition completed by member ❒ Yes ❒ No

  Reason for Hospitalization

  ❒ Harm to self ❒ Harm to others ❒ Basic needs not met

Methods Used (Check all that apply)

- ❒ Verbal
- ❒ Physical restraint
- ❒ OC Chemical Weapon
- ❒ Canine
- ❒ Impact Weapon
- ❒ Taser
- ❒ Firearm
- ❒ Other _____ Specify

CIT Officers (This section to be completed by CIT Officers only)

Rate highest level of subject ❒ 1- Anxiety ❒ 2- Anger ❒ 3-Hostility ❒ 4-Violence

Subject's actions ❒ Cooperative ❒ Passive Resister ❒ Active Resister ❒ Assailant

Were CIT Training Techniques Used? ❒ Yes ❒ No Were the techniques successful? ❒ Yes ❒ No

Member's Name ❒ CIT	Star No.	Beat No.	Member's Name ❒ CIT	Star No.	Beat No.

CIT Supervisor's Approval	Date/Time Completed /	Reports Attached ❒ Case Report ❒ Arrest Report ❒ TRR ❒ Other

CPD-15.520 (Rev. 2/13) Please return this report to the CIT Program, Unit 441. Fax # (312) 745 - 6980.
Use reverse side for any additional information and attach all relevant reports.