

Unique ID#:

**Crisis Intervention Team (CIT) Report**

Reporting Officer:  Officer Code #:  Work location:   
Date:  Officer Arrival Time:  Officer Departure Time:  Total time spent:

Consumer Name: Last:  First:  Middle:  Nickname:

Location of Incident:  
Address:   
City:  State:  Zip Code:

Consumer address:  
Address:   
City:  State:  Zip Code:

Preferred phone #:   
D.O.B.:  Age:  Gender:  Race:  Ethnicity:   
Language:  Military Service:

Emergency Contact:  Contact Phone #:

Reason for Call:  Did 911 dispatcher request CIT Officer:

Threat assessment:  Nature of threat/weapons present:

Consumer Injuries (Prior Officer arrival):  Consumer Injuries (After Officer arrival):

Officer Injuries:  Who else responded?

Was force used:  If force used, level? :

Officer Observations: Signs:  Symptoms:

Do you suspect the presence of: A mental illness:  IDD:  Drug use:  Alcohol use:

Has the person been reported as having a mental illness:  If Yes, what illness?

Is the consumer currently taking medications:  If yes, are they taking them as prescribed?

Is consumer currently: In treatment:  On outpatient commitment:  On probation:

Does the consumer have: Recent known Trauma:  Outstanding warrants:

Was there a diversion effort:  Consumer went to:

Was consumer placed under IVC:  IVC initiated by:

Transport:  Transported by:  Officer time spent at facility:

Was the consumer charged with a crime:  Prior to CIT would you have taken consumer to jail:

Narrative: