**Employee Critical Incident Report**

Employee’s name**:** Date:

Program:Supervisor’s name:

**Description of the incident**

**Date of incident: Time of incident:**

**Has there been any prior history of violence of gross misconduct? If yes, please provide the following: Background details (violence, weapon possession, personal problems, drug/alcohol history, etc.). Along with potential warning signs that have been observed/reported (behaviors, conduct, stress).**

**Individual(s) involved in the incident: (if applicable)**

Name: Phone:

Address:

Name: Phone:

Address: Phone:

**Witness to the incident: (if applicable)**

Name: Phone:

Address:

Name: Phone:

Address:

**Action Taken (please check off all that apply)**

 Managed internally with corrective steps

 Referred to Crisis Team and/or Supportive Services

 No Action Taken

**Completed by**: