CUYAHOGA COUNTY
Crisis Intervention Contact Sheet

Date: Time of Call: Report Number:

Shift: Total Time on Call: MH Follow-up Requested: ☐

Location:

Type: ☐ Personal Residence ☐ Other Residence ☐ Group Home ☐ Business ☐ Service Provider ☐ Public Property

Subject:

Name: DOB: Phone number:

Address: County: ☐ Cuyahoga Other:

Race: ☐ Asian ☐ Black/African American ☐ Latinx ☐ White/Caucasian ☐ Other

Sex: ☐ Male ☐ Female

Juvenile: ☐

Person/Agency Reporting:
☐ Acquaintance ☐ Law Enforcement ☐ Subject
☐ Addiction Services ☐ Mental Health ☐ Unknown
☐ Crisis Phone Line ☐ Passerby ☐ Other
☐ Hospital ☐ Relative

Crisis/Event:

☐ Addiction Related ☐ Court Order ☐ Homeless ☐ Suicide Thoughts
☐ Anxiety Related ☐ Dementia ☐ Intellectual Disability ☐ Suicide Threat
☐ Autism Spectrum ☐ Depression ☐ Non-suicidal Self-injury ☐ Suicide Attempt
☐ Behavioral Concerns ☐ Delusions/Hallucinations ☐ Trauma Related ☐ Suicide Completed
☐ Threat to Others

Other:

Response:

☐ No Contact ☐ Active Listening/De-escalation ☐ Force Used

Weapon Involved: ☐ Firearm ☐ Makeshift ☐ Edged Weapon ☐ Other

Disposition:

☐ No Contact with Subject ☐ Medical Facility/ER ☐ Provided Referral Information
☐ No Police Action Taken ☐ Arrest ☐ Unfounded
☐ Mental Health Facility ☐ Death
Facility:

Transport by: ☐ Law Enforcement ☐ Ambulance ☐ No Transport ☐ Other

Utilized other agency for assistance: ☐

Emergency Hospitalization:

Subject taken into custody for evaluation: ☐ Yes

Process initiated by: ☐ Law Enforcement ☐ Physician/Medical Professional ☐ Health Officer ☐ Other

Crime:

Incident has related crime: ☐ Yes ☐ Misdemeanor ☐ Felony

Criminal charges to be filed: ☐ Yes ☐ No ☐ TBD

Injury:

Force Used. Incident resulted in injury: ☐ Yes ☐ Subject Injured ☐ Officer Injured ☐ Other Injured

Officer: Unit: CIT Officer: ☐

Supervisor: Unit:

E-mail form to CIT Coordinator at: ballard@adamhscc.org