

**Sample: CRITICAL INCIDENT MANAGEMENT REQUEST FORM**

**GENERAL INFORMATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Incident/Project Name: \_\_\_\_\_  
Incident Order Number: \_\_\_\_\_ Ordered By: \_\_\_\_\_  
Management Code: \_\_\_\_\_ Location: \_\_\_\_\_  
Nature of Critical Incident: \_\_\_\_\_  
\_\_\_\_\_  
Date and Time Needed: \_\_\_\_\_ Deliver to: \_\_\_\_\_

**INITIAL REQUEST INFORMATION**

Name of Critical Incident Decision Maker \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Agency Liaison: \_\_\_\_\_

What Happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was involved: \_\_\_\_\_  
\_\_\_\_\_

When did Critical Incident occur? \_\_\_\_\_

Where did Critical Incident occur? \_\_\_\_\_

How did it occur? \_\_\_\_\_  
\_\_\_\_\_

Number of people involved: \_\_\_ Number of Injured: \_\_\_ Number of Deaths: \_\_\_\_\_

Where are the survivors now? \_\_\_\_\_  
\_\_\_\_\_

What is happening with the survivors now? \_\_\_\_\_  
\_\_\_\_\_

Information on cultural, religious, or family issues involved: \_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_