

BOSTON COLLEGE
Critical Incident Stress Management Team
Intervention Request Form

Call Received From (Individual or Group):

Phone/Email of Requestor:

Date Call Was Received:

CISM Contact Person:

Group Name (If Applicable):

Nature of the Incident (Please be specific including location, date, number of people affected by the incident, and what actually happened):

Urgency of Request:

Extremely Urgent: _____ Urgent: _____

Are There Any Special Needs or Requests?

Convene CISM: Yes: _____ No: _____

Type of Response (check all that apply):

Demobilization: _____

Defusing: _____

Debriefing: _____

Pastoral: _____

Peer Support: _____

Psychological: _____

Other: _____

Group: _____

One on One: _____