



Requested By:

Unit:

Title:

Date:

Time:

CI Support Coordinator:

## CRITICAL INCIDENT PEER SUPPORT REQUEST

CRITICAL INCIDENT PEER SUPPORT REQUEST					
Incident Name:	Jurisdiction		Location		
Nature of Incident  (check all that apply)	Fatality	Serious Injury	Death of Co-Worker	Traumatic Event/Exposure	
	Suicide	Smokejumper Incident	Shelter Deployment	Entrapment/Burn-Over	
	Vehicle Accident	Helicopter Crash	Air Tanker Crash		
	Other Aircraft Crash/Incident		Incident on a Fire		
	Off-Duty Incident:			Other:	
	Non-Fire Incident:				
Date of Incident:		Time:	Incident Commander:		

### PERSONNEL INVOLVED

Who Was Involved?	Name/Crew/Resource	Home Unit	Agency	Current Location

**What Happened?**

Who Has Been Affected By the Incident at the Site?			
Name	Home Unit	Current Location	Position on Incident

Who Has Been Indirectly Affected?					
Dispatch	Fire Staff	Air Bases	Co-Workers	Smokeyumper Bases	Cache
EMT/ Other Emergency Responders		Management/Agency Administrators		Families	
Community	Other:	Approximately how many people are involved?			

Is There Media Involvement?	Yes	No
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Are Local CISM or Mental Health Care Professionals Available?	Yes	No
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What if Any Type of Critical Incident Stress Management has been done or is planned?

Contact Information			
Name	Title/Agency	Phone	Email and Office Location
		Work :	Email:
		Mobile:	Office Location:
		Work:	Email:
		Mobile:	Office Location:
		Work:	Email:
		Mobile:	Office Location:
		Work:	Email:
		Mobile:	Office Location:

Name	Title/Agency	Phone	Email and Office Location
		Work:	Email:
		Mobile:	Office Location:
		Work:	Email:
		Mobile:	Office Location:

Expectations			
Large Group Meetings	One on One Meetings	Small Group Meetings	Informational
Community Support	Working with other Agencies		

LOGISTICS INFORMATION			
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Meetings	Are local hotels with conference rooms available?			
	Are other non-agency facilities available?			
	Would groups prefer to meet at their base? (Helitack, Hotshots, Smokejumpers, etc.)			
	Is Investigation Team Involved?		Yes	No
	Team Lead and Contact Info:			
	Where are they Meeting/Staying?			
Other :				

Site Visits	Will the CI Peer Support Group Travel to Fire Camp or Spike Camp?		Yes	No
	Are Multiple Locations Involved?		Yes	No
	Where?			

Dispatch Center(s)	
Air Bases	
Home Units for Off-Unit Personnel	
Other Incidents	
Agency Administrator's Office	

OTHER INCIDENTS OR IMPACTS TO THE REQUESTING UNIT OR AREA		
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Previous Critical Incidents?	Yes	No
On-going initial attack and long duration fire activity?	Yes	No
Social or Political issues as a result of the incident?	Yes	No

Any diversity concerns or considerations?	Yes	No
Has a Human Resources Specialist Been Contacted or Involved?	Yes	No
Other Sensitivity Considerations?	Yes	No

**Critical Incident Peer Support Responder Information**

Name	Agency/Peer Discipline	Contact Number(s)	Current Location
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All questions contained in this questionnaire are optional and will be kept strictly confidential.