RISE UP
Teen & Child Crisis Center of East Idaho

First Responder Tracking Form

Subject Name:		DOB:
Incident Location:		Time of Contact:
Dispatch Reason:		
Nature of Incident (*check all that apply*) ○ Suicide Attempt ○ Suicide Threat ○ Drugs: _____ (What used if known) ○ Alcohol ○ Psychosis/Mental Illness ○ Other: _____	Threats/Violence/Weapons Did subject threaten violence towards another person? ○ Yes ○ No ○ Unknown If weapon involved, what was the weapon?	Incident Injuries Where there any injuries during the incident? ○ Yes ○ No ○ Unknown
If not for the Crisis Center, would have taken the person to: ○ Jail ○ Hospital ○ Nowhere ○ Other: _____		
Name/Badge #		Agency:
Signature		Date/Time