

CISD REQUEST FORM

1. Initial Contact: _____ Date: _____ Time: _____
2. Agency Name: _____
3. Primary Contact: _____ Work Phone: _____
Cell Phone: _____ Pager: _____ Home Phone: _____
4. Alternate Contact: _____ Work Phone: _____
Cell Phone: _____ Pager: _____ Home Phone: _____
5. Nature of Incident: _____
6. Date of Incident:: _____
7. Location: _____
8. First Responder/Agencies Involved: _____

O.C.C.R.O. ACTION TAKEN

1. Date of Debriefing/Diffusing: _____ Time of Debriefing/Diffusing: _____
2. Location of Debriefing/Diffusing: _____
3. Directions to Location: _____
4. Debriefing/Diffusing for: { POLICE { FIRE { E.M.S. { OTHER: _____
5. Estimated Size of Group: _____ Team Leader: _____
6. Team Members: _____
7. P.A.S.S. Leader: _____

On-Call Coordinator's Signature: _____ Date: _____

NOTE TO ON-CALL: ALL OF THIS INFORMATION NEEDS TO BE SHARED WITH YOUR RESPONSE TEAM, MAKE SURE EVERYONE GETS THIS INFORMATION VIA E-MAIL. ALSO KEEP A HARD COPY OF THIS REQUEST IN YOUR RECORDS.

**PLEASE COMPLETE FORM AND E-MAIL TO: maciasg@oakgov.com and dcjtraveler@comcast.net
OR FAX FORM TO G. MACIAS/HOMELAND SECURITY AT 248-858-5542**

Rev. 11/12/2019

Oakland County Crisis Response Organization

c/o Common Ground 1410 South Telegraph Bloomfield Hills MI 48302 | 24 Hour Resource & Crisis Helpline 800.231.1127