

## DEBRIEFING DEFUSING REPORT

1. Date of Incident: \_\_\_\_\_

2. Date of Defusing or Debriefing: \_\_\_\_\_

3. Agency Name: \_\_\_\_\_

4. Agency Contact Person: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Home: \_\_\_\_\_

5. Debriefers: \_\_\_\_\_

6. Nature of Incident: \_\_\_\_\_

\_\_\_\_\_

7. Number of persons attending: \_\_\_\_ Fire \_\_\_\_ Police \_\_\_\_ EMT \_\_\_\_ Community

8. General issues of Debriefing: \_\_\_\_\_

9. Things that could have been done differently: \_\_\_\_\_

10. Recommendations for follow up: \_\_\_\_\_

\_\_\_\_\_

11. Additional Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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