Oakland County CRISIS RESPONSE ORGANIZATION

Critical Incident Stress Management

Certified Teams Responding to Critical Incident Stress Management Needs

Assistance For Stress Reaction From a Traumatic Event or Critical Incident

DEBRIEFING DEFUSING REPORT

1.	Date of Incident:	
2.	Date of Defusing or Debriefing:	
3.	3. Agency Name:	
4.	4. Agency Contact Person:	Work Phone:
	Cell Phone: Pager:	Home:
5.	5. Debriefers:	
6.	6. Nature of Incident:	
7.	7. Number of persons attending: Fire P	olice EMT Community
8.	8. General issues of Debriefing:	
9.	Things that could have been done differently:	
10	10.Recommendations for follow up:	
11	11.Additional Comments:	
	Signature	Date

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

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