Department of Behavioral Health – Stabilization and Field Engagement Response (S.A.F.E.R.) Disposition Report

RESET

RESPONSE							
Date of Response:				Time of Arrival:			
Location:							
School ☐	Place of Employment ☐			Home ☐		Other ☐	
Point-of-Contact:				Phone or Email:			
Response Team							
Lead Name:				**Title:**			
Member Name:				Title:			
Member Name:				Title:			
Reporting To							
Regional Supervisor:				Program Manager:			

INCIDENT	
Date of Incident:	
Description of Incident as was reported to the team:	

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SERVICES PROVIDED	
Type Of Service	**Amount of People Served**
Were minors (17 and under) served? ☐	Were elderly (60 and over) served? ☐

ADDITIONAL INFORMATION
Please note additional information provided by the public/client, if any.
Was additional information or were additional services requested? ☐
Provide detail, if applicable:

CONCLUSION			
Response concluded at (time):			
Person Completing Report:		Title:	