



INTAKE

NOTIFICATION DATE:

CONTACT PERSON:

TITLE:

EMAIL:

CELL:

CIRCUMSTANCES OF EVENT:

DESCRIBE EVENT WITHOUT USING NAMES THAT MAY BREACH CONFIDENTIALITY

HAS STAFF RECEIVED ANY SUPPORT YET?

YES

NO

HAS THE HOMOGENEITY OF THE GROUP BEEN ADDRESSED?

YES

NO

IS MORE THAN ONE DEBRIEFING NEEDED?

YES

NO

IF SO, PLEASE DESCRIBE SITUATION

ARE THERE ANY LANGUAGE BARRIERS:

YES

NO

IF SO, PLEASE DESCRIBE HERE

ARE THERE ANY SENSITIVE ISSUES TO BE AWARE OF?

YES

NO

IF SO, PLEASE DESCRIBE SITUATION

ARE THERE ANY SPECIAL NEEDS TO BE AWARE OF?

YES

NO

IF SO, PLEASE DESCRIBE HERE

HOW MANY PARTICIPANTS ARE EXPECTED?

SCHEDULED DATE OF DEBRIEFING:

LOCATION OF DEBRIEFING:



TRACKING

WHO REQUESTED DEBRIEFING:

SUPERVISOR STAFF

LEAD DEBRIEFER:

EMAIL:

CELL:

CO-DEBRIEFER:

EMAIL:

CELL:

HOW MANY ATTENDED:

NAMES OF THOSE IN ATTENDANCE:

LIST NAMES ONLY FOR RECORDKEEPING. DO NOT RECORD SESSION.

IMPORTANT SESSION DETAILS/NOTES:

DO NOT RECORD SESSION. USE THIS SPACE TO NOTE ONLY IMPORTANT DETAILS YOU WANT DOCUMENTED.

DOES SUPERVISOR NEED ADDITIONAL SUPPORT:

YES

NO

IF SO, PLEASE DESCRIBE SITUATION