

Unique ID#:

City of Charlotte Crisis Intervention Team (CIT) Report

Reporting Officer: Officer Code #: Work location:
Date: Officer Arrival Time: Officer Departure Time: Total time spent:

Consumer Name: Last: First: Middle: Nickname:

Location of Incident:
Address:
City: State: Zip Code:

Consumer address:
Address:
City: State: Zip Code:

Preferred phone #:
D.O.B.: Age: Gender: Race: Ethnicity:
Language: Military Service:

Emergency Contact: Contact Phone #:

Reason for Call: Did 911 dispatcher request CIT Officer:

Threat assessment: Nature of threat/weapons present:

Consumer Injuries (Prior Officer arrival): Consumer Injuries (After Officer arrival):

Officer Injuries: Who else responded?

Was force used: If force used, level? :

Officer Observations: Signs: Symptoms:
Do you suspect the presence of: A mental illness: IDD: Drug use: Alcohol use:

Has the person been reported as having a mental illness: If Yes, what illness?

Is the consumer currently taking medications: If yes, are they taking them as prescribed?

Is consumer currently: In treatment: On outpatient commitment: On probation:

Does the consumer have: Recent known Trauma: Outstanding warrants:

Was there a diversion effort: Consumer went to:

Was consumer placed under IVC: IVC initiated by:

Transport: Transported by: Officer time spent at facility:

Was the consumer charged with a crime: Prior to CIT would you have taken consumer to jail:

Narrative: