**HEALTH AND HUMAN SERVICES GROUP**
**23392 Madero Road, Suite L**
**Mission Viejo, California 92691**
**(800) 275-7460; FAX (949) 855-7575**

**PLEASE PRINT CLEARLY**

## DEA-EAP: CONTRACTOR TRAUMATIC INCIDENT REPORT

**Case #: _____ Location: _____ Date: _____**

**Date of Incident:_____ Debriefing Declined: ☐Yes ☐ No ( see # 10 below)**

**1. Date Notified by DEA/HHSG:_____ 2. Time of Call:_____**

**3. Name of Person Taking Incident Report: _____**

**4. Location of Incident: _____ _____**

**5. Notifier's Name: _____ 6. Notifier's Title:_____**

**7. Notifier's Phone #: _____ 8. Relation to involved parties:_____**

**9 Number of employees directly involved in the incident (attach sign-in roster): . _____**

**10. Brief General Description of Incident: _____**

_____

_____

_____

_____

**11. Clinical Briefer (s) Name: _____**

**12. Date (s) of Clinical Briefing (s) _____**

**13. Number of Employee's debriefed _____Number of family members debriefed:_____**

**14. Follow up contact, list date (s) and case number (s) as conducted:_____**

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_____

**Comments: _____**

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