# Region 10 PIHP

## Monthly Critical Incident Report

**Agency Name:** Choose One

**Contact Information:** [Insert Contact Information]

**Reporting Period:** Choose One

The completed report is due to the PIHP by the 15th of the month following the reporting period.

Please submit by email to: Cindy Eckert

**If no incidents to report, please check here:** ☐

| Event Date | MIX ID | Event Type |
|---|---|---|
| | | Choose One |
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Event Type Key

1. Arrest
2. Emergency Medical Treatment
3. Hospitalization
4. Non-Suicide Death
5. Suicide