



Region 10 PIHP Monthly Critical Incident Report

Agency Name: _____

Contact Information: _____

Reporting Period:

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

Please submit by email to: Tammy Haerens and CC. Cindy Eckert

If no incidents to report, please check here:

Event Date	MIX ID	Event Type

Event Type Key

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