Disaster Response Crisis Intervention Report

General Information

Referrals Made:

Date:
Time:
Location:
Location.
Responder Name(s):
Agency/Organization:
Incident Details
Description of Disaster/Event:
Immediate Risks and Hazards:
Population Affected
Number of Individuals Affected:
Vulnerable Groups Identified:
Intervention Provided
Summary of Actions Taken:

Other Agencies Involved:		
Observations & Outcomes		
Situation Upon Arrival:		
Progress & Outcomes:		
Outstanding Needs/Follow-up Required:		
Additional Notes		