## **Substance Abuse Crisis Response Report**

Incident Details					
Date					
Time					
Location					
Type of Substance					
Number of Individuals Involved					
Person Reporting					
Name					
Role/Position					
Contact Information					
Description of Incident					
Brief Description					
Immediate Actions Taken					
Actions					
Emergency Services Notified					
Service Contacted					
Time Notified					
Reference Number (if any)					
Follow-Up Required					
Details					
Additional Notes					