



Notification Preferences Critical Incident Contact Form

This notification preference form is designed to address officer and family member preferences immediately following a Critical Incident. Studies have shown that the first 24 hours after a critical incident are crucial for reducing the stress related to the event. Notification & support are important components of the process.

Peace Officer Name: _____

Date: _____

1. Identify your preference for a department monitor/representative to assist you in the event of a CI.
 - a.
 - b.
 - c.

2. Indicate your preferences for a clergy member.
___ no clergy representative requested
___ on call department clergy member
___ please contact the following clergy member

3. Who do you want to notify your family members?
 - a.
 - b.
 - c.

Family Member Notification Procedures

Please indicate your notification preferences for family members the event of a critical incident involving your officer.

1. Please identify the department representatives who you would prefer to have contact you.
 - a.
 - b.
 - c.
2. Please notify the following individuals in the event of a critical incident: (please provide phone(s)/email)
 - a.
 - b.
 - c.
 - d.
3. Who do you want to provide support, child care, or elder care to your family members?
 - a.
 - b.
 - c.
4. Please list school names/numbers for minor children who may be at school at the time of an incident. Indicate names/contact information for the schools and the individuals who have permission to remove your children from school.
 - a.
 - b.
 - c.
5. Please indicate any other information the contacting department should know about your preferences.