



King County

**Critical Incident Report – Confidential**

**King County Behavioral Health and Recovery Division (BHRD)**

Provider Agency:

Date of Incident and time of incident (if known):

Individual's Date of Birth

Age

KCID #

Gender

Ethnicity

Individual Receiving  
(check all that apply)

- Mental Health Services
- Substance Use Disorder Services
- Both MH and SUD Services

- King County Crisis and Commitment (CCS)
- MH Services from another provider
- SUD Services from another provider

Type of Incident (click on right-side arrow to see options):

Description of Incident (including what took place and, if known, the location of the incident; names, ages, services, histories, and nature of involvement of all individuals involved in the incident; and whether eloped Individual was classified as mentally ill offender or sexually violent offender). Please include any relevant media links:

Provider Response to the Incident (including steps taken to minimize harm, and, if applicable, whether reported to law enforcement, restraining/protection order sought, workplace safety/personal protection plan developed or implemented; summary of debriefings):

Date Provider Learned of Incident:

Date of Last Face-to-Face Visit  
Prior To this Incident:



Individual's Current Location (click on right-side arrow) : If

Individual's location is unknown, describe attempts to locate:

Individual's Current Condition/Status:

Programs (please check all that apply):

- Crisis and Commitment Services (CCS)
- Evaluation and Treatment (E&T)
- Next-Day Appointments (NDA)
- Children's Crisis Outreach Response System (CCORS)
- Outpatient Mental Health
- Mobile Crisis Team
- Residential Housing (e.g., Supervised Living, Long-Term Rehabilitation, Standard Supportive Housing)

- Withdrawal Management Services
- Opiate Substitution Therapy
- Criminal Justice Initiatives
- Outpatient Substance Use Disorder
- Residential Substance Use Disorder
- Program for Assertive Community Treatment (PACT)
- Crisis Respite Program
- Crisis Solutions Center / Crisis Diversion Facility

Other Program

Incident Reported to (please check all that apply):

- Child Protective Services
- Law Enforcement
- Adult Protective Services
- Other Regulating Body

Date of Last Medication Management Session (if applicable):

Person Completing Form (Name/Title):

Phone  Email

Supervisor's Name/Title, verifying that standard review procedures for this critical incident are being followed.

Phone  Email

This form can be saved, printed, and faxed to King County BHRD at 206-296-0583. You can also send it (using secure email) as an email attachment. If you are sending it via email, please send it to [BHRDCriticalIncidents@kingcounty.gov](mailto:BHRDCriticalIncidents@kingcounty.gov).