

Triage Center/Low Demand Shelter Information from Law Enforcement Officer

Date: _____

Time: _____

Client name: _____ Date of birth: _____

Location of contact with client: Street _____

City _____ Zip code _____ Ward or District/Zone _____

Based on the officer's interaction with this person should Triage Center staff be aware of any aggressive actions, violent behavior, or other concerns?

MANDATORY – REQUIRED FOR TRIAGE FUNDING THROUGH BYRNE GRANT

One of the goals of the Triage Center is to provide law enforcement with alternatives for individuals with behavioral health disorders. Please confirm that the individual presented for treatment is being diverted from the criminal justice system for a low level offense such as open container, disorderly conduct, disturbing the peace, loitering, prowling, or trespass. Yes No

Are you a "C.I.T." Officer? Yes No

If no, did you consult with a C.I.T. Officer during this interaction? Yes No

How satisfied are you with your experience here at the Triage Center?

Highly satisfied Satisfied Neutral Unsatisfied Highly unsatisfied

Time spent at Triage Center: _____

Law Enforcement Agency:

FMPD LCSO CCPD SPD FGCU PA Other _____

Officer's name: _____ Badge # _____

Agency incident report # _____ Officer's phone number: _____

Triage staff receiving client: _____ Triage Staff – Client Card ID _____