



**YOUTH SERVICES**  
**Critical Incident Stress Management Request Form**

To: Deputy Secretary  
Assistant Secretary  
Regional Director

From: Statewide CISM Coordinator

Date, Location and Description of Incident prompting CISM practice:

Type of CISM Technique to be Utilized \_\_\_\_\_

Date to be Utilized \_\_\_\_\_

Description of the Events:

Comments on the Effectiveness of the Technique:

Follow Up Needs and How They Will be Met: