

# TCTI The Counseling Team International

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## DEA-EAP: CONTRACTOR TRAUMATIC INCIDENT REPORT PLEASE PRINT CLEARLY

Case #: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Debriefing Declined:   ( see # 10 below)  
Yes NO

1. Date Notified by DEA/HHSG: \_\_\_\_\_ 2. Time of Call: \_\_\_\_\_

3. Name of Person Taking Incident Report: \_\_\_\_\_

4. Location of Incident: \_\_\_\_\_

5. Notifier's Name: \_\_\_\_\_ 6. Notifier's Title: \_\_\_\_\_

7. Notifier's Phone #: \_\_\_\_\_ 8. Relation to involved parties: \_\_\_\_\_

9. Number of employees directly involved in the incident (attach sign-in roster): \_\_\_\_\_

10. Brief General Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Clinical Briefer (s) Name: \_\_\_\_\_

12. Date (s) of Clinical Briefing (s): \_\_\_\_\_

13. Number of Employee's debriefed: \_\_\_\_\_ Number of family members debriefed: \_\_\_\_\_

14. Follow up contact, list date (s) and case number (s) as conducted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_