

# 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, trespass or Marchman Act. Yes  No

Are you a "C.I.T." Officer? Yes  No  Is client brought under Marchman Act. 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/Court Program

FMPD  LCSO  CCPD  SPD  LCPD  PA  Other  \_\_\_\_\_

Officer's name: \_\_\_\_\_ Badge # \_\_\_\_\_

Agency incident report # \_\_\_\_\_ Officer's phone number: \_\_\_\_\_

Triage staff receiving client: \_\_\_\_\_ Triage Staff – Client Card ID \_\_\_\_\_