

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
CISM INTERVENTION REPORT

Instructions: Complete within 24 hours of the intervention provided and send to HSWL SC and Commandant (CG-1111) and HSWL Work-Life Quality Improvement Analyst via email. In on-going CISM interventions, such as in response to disasters, update the initial report within 24 hours of subsequent interventions or as directed by HSWL SC.

1. Reporting Regional Practice	2. Date of Incident (MM/DD/YYYY)
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3. Date of Report (MM/DD/YYYY)	4. Type of Report? <div style="text-align: right; margin-right: 20px;">Initial Update</div>
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5. Unit impacted by incident (Enter 6-digit Dept ID): _____ If unknown enter name of unit: _____

6. Type of Incident (check one only):

a. Major Disaster (Incident involved multiple casualties with major disruption in command or displacement of personnel. Includes natural disasters, terrorist attacks, major fires, etc.)
b. Operational Incident with death or serious injury of Coast Guard personnel. (If incident involved death or serious injury to both Coast Guard and non-Coast Guard personnel check this box only.)
c. Operational Incident with death or serious injury of non Coast-Guard personnel.
d. Non-operational Incident with death or serious injury of Coast Guard personnel. If incident involved death or serious injury to both Coast Guard and to Coast Guard family members check this box only.
e. Non-operational Incident with death or serious injury of Coast Guard family member.
f. Other (brief description):

7. Narrative description of the catalyst:

8. Interventions Provided

CISM TEAM MEMBER Name, Rank/Pay Grade	POSITION EAPC, Chaplain, Peer, or MHP, if other - specify	TYPE AND DESCRIPTION OF INTERVENTION(S) PROVIDED Identify type of intervention: Consultation, One-on-one, Defusing, CISDs, CMBs, Demobilization, or other (specify) and provide a brief description

9. Total Number of Personnel Served (fill in number to date or since last report if this is an update):

a. Coast Guard Uniformed personnel:
b. Coast Guard Civilian personnel:
c. Coast Guard Uniformed personnel family members:
d. Coast Guard Civilian personnel family members:
e. Other (number and brief description):

10. Number of hours spent:	11. Amount of money spent:
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12. If not already identified in Item #8 above, provide names and rank/pay grade of CISM personnel used to date or used since last report:

13. Comments: