



SECURELY EMAIL ALL REPORTS TO info@carrcolorado.org



COLORADO
Behavioral Health
Administration
3824 W. Princeton Circle
Denver, CO 80236-5111

Program Name:

Address:

City:

Zip:

Phone Number:

Critical Incident Type:

Death

Assault

Medical Emergency

Elopement

Breach of Confidentiality

Medication Diversion/Error

Date Critical Incident Occurred:

Date Critical Incident Discovered:

Date Critical Incident Reported to CARR:

Description of Critical Incident:

CARR USE ONLY:

Victim Information:

Age:

Gender:

Male

Female

Transgender Male

Transgender Female

Nonbinary

Prefer not to disclose

Race (if provided by client):

Detailed description of what transpired during the incident:

Response to Critical Incident (action taken to address the incident and any plans for follow-up.)

Report Prepared By:

Title:

Date: