

Suicide/Self-Injurious/Assaultive Behavior Information

Date of Report: _____

Offender Name: _____ GDC ID#: _____

Facility: _____ Mental Health Level: _____

Security Status: _____ Date of Suicide/Self-Injury/Assault: _____

DESCRIPTION: (of self injurious/assaultive behavior and injury):

RISK FACTORS: Injured self (2 or more times) within past 2 months
 Was released from CSU, ACU, or Psychiatric Hospital Services within the past 2 months.
 Has been locked down for over a month
 Has received 3 or more Disciplinary Reports (DRs) within the past month

SEVERITY: Mild (medically examined, no need for treatment)
(returned to cell)

Moderate (medically treated and released)
(transferred to a higher level of care)

Severe* (medically treated in infirmary/hospital)
(admitted to CSU or a Psychiatric Hospital)
*also complete a Critical Incident form – M03-01-02 – (508.03 Att 2)

EXPLANATION: Offender's explanation of behavior: _____

Factors contributing to this behavior: (i.e., clinical, stressors, antecedents, consequences):

HOUSING: Where was the offender housed when they injured/assaulted self/others?

GP SLU ACU/CSU Iso/Seg.

Other: _____

Where was the offender placed after injuring/assaulting self/others?

GP SLU ACU/CSU Iso/Seg.

Other: _____

Signature of person completing form: _____ Date: _____