

Four County LOSS Activity Report

Date of Response: _____ Name of Deceased: _____

Address of Response: _____ Is address deceased home? No Yes

Date of Death: _____ Age: _____ Race: _____ Marital Status: _____

Is the deceased a Survivor: No Yes If yes, who did the decease loose to suicide? _____

Team Member completing this form: _____ Arrival Time: _____

Team Member Present: _____

Law Enforcement Contact(s): _____ Coroner's Contact: _____

Activity (check all which apply)

Outreach to scene of suicide Follow-up (time frame following death) _____

Death Notification Other: _____

Time involved: _____ # of people served: _____ #of Info & Referral Packets Left: _____

1) Family Contact Name and Relationship: _____

Address: _____

Phone number: _____ Follow-up call to be made by? : _____

2) Family Contact Name and Relationship: _____

Address: _____

Phone number: _____ Follow-up call to be made by? : _____

3) Family Contact Name and Relationship: _____

Address: _____

Phone number: _____ Follow-up call to be made by? : _____

4) Family Contact Name and Relationship: _____

Address: _____

Phone number: _____ Follow-up call to be made by? : _____

