

Macomb County Community Mental Health Services  
**POLICE CONTACT FORM**

**THIS FORM IS COMPLETED IN ADDITION TO AN INCIDENT REPORT**

Recipient: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe what happened prior to the behavior that led to the police being contacted:

How was the decision reached to contact the police:

List all alternative actions that were considered instead of contacting the police:

List all interventions attempted prior to contacting the police:

How did the police intervene to address the behavior of the consumer?

How did the consumer respond to the police intervention?

SIGNATURE OF PERSON COMPLETING REPORT	PRINT NAME AND TITLE	DATE
SIGNATURE OF LICENSEE/ADMINISTRATOR	PRINT NAME AND TITLE	DATE