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## 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:
<b>DESCRIPTION:</b> (of self in	jurious/assaultive behavior and injury):
[ ] W pa [ ] Ha	jured self (2 or more times) within past 2 months as released from CSU, ACU, or Psychiatric Hospital Services within the set 2 months.  as been locked down for over a month as 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: Offende	er's explanation of behavior:
Factors contributing to this beha	avior: (i.e., clinical, stressors, antecedents, consequences):
[ ] GP	e offender housed when they injured/assaulted self/others?  LU [ ] ACU/CSU [ ] Iso/Seg.
	ted after injuring/assaulting self/others?  LU [] ACU/CSU [] Iso/Seg.
-	rm: Date:

Retention Schedule: Upon completion, this form shall be given to the Statewide Mental Health Director (original) fax within 48 hours of the incident (24 hours for suicides), a copy shall be placed in the offender's mental health file (section 7), in Section 5 of the Medical record, and a copy should be kept by the MH Unit Manager. At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.

Form no. M68-01-09