

# **San Mateo County CISM Contact Record**

---- THIS FORM IS STRICTLY CONFIDENTIAL ---

**Contact Date:**

**Responding CISM Team Member(s):**

**Call-Out Coordinator:**

**Departments/Agencies Contacted:**

**Number of First Responders Contacted:**

**Type of Contact:** Defusing     Debriefing     One-on-One

**Description of Incident:**

**Date of Incident:**

**Other Info (if any):**

**Recorded By:**

**What worked/Didn't work:**

If you have any questions, please contact Oliver Reich, 650-534-6546 or  
John Warren, 510-468-7271.

Complete and return form to: Team Secretary Oliver Reich,  
[Oreich@sanbruno.ca.gov](mailto:Oreich@sanbruno.ca.gov) or John Warren, [captxmas@gmail.com](mailto:captxmas@gmail.com)