

**DCS Critical Response Unit  
Referral Form**

Date of incident: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Employee (subject of referral): \_\_\_\_\_

Position within DCS: \_\_\_\_\_

County: \_\_\_\_\_

In the space below, please state the circumstances that led to a referral for this employee:

This person may be reached by a Critical Response Unit team member through the following contact information:

Phone: (1) \_\_\_\_\_

(2) \_\_\_\_\_

E-Mail: \_\_\_\_\_