

St. Clair County Community Mental Health
Incident of Weapons and/or Drugs in the Workplace

St. Clair County CMH Site: _____ Program: _____

Address: _____

Date of Incident: _____ Time of Discovery: _____

Type:

Weapon (describe): _____

Illegal Drug(s) (describe): _____

Individual:

SCCCMH Employee (Name): _____

Individual Who Receives Services at SCCCMH (Name): _____

Visitor (Name, if known): _____

Law Enforcement Contacted? No Yes (by who?): _____

Which Law Enforcement Agency? _____

Name & Title of Law Enforcement Staff: _____

Time & Date _____

Action Taken:

List Any Other Pertinent Details:

Supervisor Signature

Print Name

Date

UPON COMPLETION, FORWARD TO ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH ADMIN BUILDING (ELECTRIC AVE.) FOR FILING
Forward to Chief Operating Officer, Safety Chairperson, & Personnel File (if applicable)