Region 10 PIHP

Monthly Critical Incident Report

Agency Name: Choose One

Contact Information: _____

Reporting Period: September 2026

The completed report is due to the PIHP by the 15th of the month following the reporting period.

Please submit by email to: Tammy Haerens and CC. Cindy Eckert

If no incidents to report, please check here: ☐

Event Date		Event Type
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One
		Choose One

Event Type Key

1. Arrest
2. Emergency Medical Treatment
3. Hospitalization
4. Non-Suicide Death
5. Suicide