

**Macomb County Community Mental Health Services**  
**POLICE CONTACT FORM**  
**THIS FORM IS COMPLETED IN ADDITION TO AN INCIDENT REPORT**

Recipient:            Case Number:            Date:

Please describe what happened prior to the behavior that led to the police being contacted:

How was the decision reached to contact the police:

List all alternative actions that were considered instead of contacting the police:

List all interventions attempted prior to contacting the police:

How did the police intervene to address the behavior of the consumer?

How did the consumer respond to the police intervention?

<b>SIGNATURE OF PERSON COMPLETING REPORT</b> <input type="checkbox"/> <sup>1</sup>	<b>PRINT NAME</b>  <b>TITLE</b>	<b>DATE</b>
<b>SIGNATURE OF LICENSEE/ADMINISTRATOR</b>	<b>PRINT NAME</b>  <b>TITLE</b>	<b>DATE</b>

Reference: MCCMH MCO Policy 9-321, Police Contact Form (Rev. 10-11), Exhibit D

<sup>1</sup> **Electronic Signature Disclosure**  
By clicking this checkbox or signing this document you are agreeing to use an electronic signature. This means you agree to the following:  
You agree you have read and completed the document accurately and completely to the best of your knowledge.  
You agree to use an electronic document and an electronic signature. You understand that electronic signatures are legally binding in the United States.