



DIPATTAMENTON GUÅFI GUÅHAN
GUAM FIRE DEPARTMENT
*Professionalism * Respect * Integrity * Dedication * Empathy*



Critical Incident Stress Debriefing (CISD) Request Form
Employee Assistance Program (EAP)

CONFIDENTIAL DOCUMENT

This form is used to request a Critical Incident Stress Debriefing (CISD) for employees or units involved in a traumatic or high-stress incident. CISD sessions are confidential and designed to provide emotional support, reduce stress reactions, and promote recovery.

SECTION 1: REQUESTOR INFORMATION

Requestor Name: _____
Position/Rank: _____
Division/Station: _____
Contact Number: _____
Email Address: _____
Date of Request: _____
 Supervisor / Officer in Charge
 Employee / Peer
 Other (specify): _____

SECTION 2: INCIDENT INFORMATION

Date of Incident: _____
Incident Location: _____
Incident Type: Fire EMS Rescue Disaster Line-of-Duty Injury/Fatality Other:

Brief Description of the Incident:

SECTION 3: PERSONNEL INVOLVED

Individual Employee
 Entire Shift / Crew
 Specific Unit or Division: _____
 Multiple Agencies Involved
Approximate Number of Personnel Affected: _____



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SECTION 4: REQUEST DETAILS

- Immediate (within 24 hours) – High-impact or traumatic event
 - Standard (within 72 hours) – Post-incident support
 - Follow-up Session – Additional support requested
- Preferred Date/Time for Debriefing: _____
Preferred Location: _____

SECTION 5: CONFIDENTIALITY STATEMENT

CISD services are confidential and are not part of any disciplinary, administrative, or medical record. Information disclosed during debriefing sessions will not be shared without consent, except as required by law or in cases of imminent risk of harm to self or others.

SECTION 6: AUTHORIZATION

Requestor Signature: _____ Date: _____
Supervisor/Officer Signature (if applicable): _____ Date: _____

SECTION 7: EAP / PEER SUPPORT USE ONLY

Date Received: _____
Assigned CISD Facilitator(s): _____
Date/Time Scheduled: _____
Location of Debriefing: _____
Follow-up Recommended: Yes No
Notes/Comments: _____
EAP Coordinator Signature: _____ Date: _____

CONFIDENTIALITY NOTICE:

All information contained in this document will be treated with the highest level of confidentiality in accordance with Government of Guam Personnel Rules and Regulations, Department of Administration confidentiality policies, and applicable federal laws (e.g., HIPAA, ADA, and 42 CFR Part 2).