

Please complete and return this form via email to john.cobb@bghnc.org.

Red Flag Request Form (Critical Incident)

You are completing this form for a Red Flag Review of a critical incident. Please remember that the Red Flag Process is a problem solving meeting in which no one is in trouble and no one is blamed. Consequences will not be associated with the Red Flag process. With that in mind, we need some specific information to determine if the request for a Red Flag review is appropriate.

Today's date: _____

Requester's Name: _____

Client's Name: _____

Reason for Red Flag Request: (Please include critical incident record ID# if in kaleidacare.)

PLEASE ANSWER THE FOLLOWING?

Does this issue involve an unplanned discharge? (If yes, then the other questions may not need to be answered.)

No Yes Explain: _____

Have you processed the incident with the involved client(s)?

No Yes Explain: _____

Have consequences already been issued and accepted as part of the incident?

No Yes Explain: _____

Have you attempted to do problem solving concerning the issue with the RD's and/or Campus Supervisor?

No Yes Explain: _____

WHAT HAPPENS NEXT?

We will make every effort to hold the Red Flag review within 72 hours (business days) if possible. Please come prepared to share briefly about the issue, what has been attempted to resolve the issue, and ideas to help resolve the issue. The client will not be brought into the Review until the end of the process. Please submit to the **Sanctuary Site Coordinator**.