



University of Illinois Suicide Incident Referral Form

Revised 06/2017

The University of Illinois Suicide Intervention Team coordinates the timely response, intervention, and support to students who are engaging in suicidal behavior in order to facilitate a safe, respectful, and productive educational environment for all students.

As a member of the University of Illinois campus community you are strongly encouraged to notify the Suicide Prevention Team any time you receive credible information (e.g., messages or conversations you have exchanged with students; or behaviors you observed or become aware of where student(s) have engaged in actions or gestures that indicate suicidal intention or harm to themselves).

Please provide as much relevant information as possible about the incident. The information you provide will help the Suicide Intervention Team best assess the situation and respond appropriately to ensure the student(s) receive the support they may need.

For more information go to: [University of Illinois Suicide Intervention Policy](#)

Submission Instructions:

1. Print, Sign, and Fax to: Attention Suicide Intervention Team 217-244-7586
2. If you need further consultation or if you would like to confirm receipt, please call 217-333-3704.

Student Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Age	<input type="text"/>
Race	<input type="text"/>
Gender	<input type="text"/>
Year in school	<input type="text"/>
College	<input type="text"/>
Major	<input type="text"/>
University ID Number (UIN)	<input type="text"/>
University Net ID or E-mail	<input type="text"/>

Information about the incident

Date Incident Occurred	<input type="text"/>
Time Incident Occurred	<input type="text"/>
Location Incident Occurred	<input type="text"/>

Please briefly describe the events that caused you to be concerned about the safety of the student

(e.g., messages you received, conversations, behaviors you observed or became aware of)

Based on the information you provided above, are you concerned that the safety of others is directly at risk?

If yes, please explain:

Please check the appropriate option below. These will assist the Suicide Prevention Team to identify additional support the student(s) may need.

	Yes	No	I don't Know
To your knowledge, does the person have access to weapons that may be intended for of suicide or cause harm? (e.g., firearms, knives, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your knowledge, does the person have access to other items that may be intended for suicide or to cause harm? (e.g., pills, ropes, propane, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your knowledge, has the person attempted suicide in the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your knowledge, has the person recently experienced a major loss? (e.g., loss of loved one, relationship, academic pursuit, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your knowledge, are there concerns about the student's use of alcohol or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your knowledge, is the student currently receiving counseling or other mental health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your knowledge, has the student received counseling or other mental health services in the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide the following information:

Name of person completing report

Relationship to the student

Department

Phone Number

University E-mail Address

Date report submitted

Please Check **By submitting this report, I confirm that the information provided above is accurate to the best of my knowledge.**