

Confidential

Suicide Incident Referral Form

If there is an emergency that involves an imminent risk of harm to self or others, please contact campus police at 217-333-1216 or dial 911 BEFORE filling out this referral form. Referrals are reviewed during normal business hours and are not monitored after hours, on weekends, or holidays. Although referrals from this form are reviewed by a variety of campus partners working to assist students, it is NOT designed for emergency response situations.

Members of the University of Illinois campus community are strongly encouraged to notify the Suicide Intervention 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 a student has 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 receives the support they may need.

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

When this form is complete, please save on your computer under a new file name and then upload this form at the [Suicide Intervention Policy page on our website](#). If you have questions or want to confirm receipt, please call 217-333-3704.

Section 1: Student Information

Name _____ Age _____ Race _____

Gender _____ Year in School _____ College _____

Major _____ UIN _____ NET ID _____

Section 2: Incident Information

Incident Date _____ Incident Time _____

Incident Location _____

Please briefly describe the events that caused you to be concerned about the safety of this student. If a scroll bar appears in the box below because you've filled it, please save as a PDF and submit that as opposed to printing and scanning this form so that we can review all of the information provided.

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

Yes No

If yes, please explain. Again, if the scroll bar appears in the box below, please save this form as a PDF rather than printing and scanning to return.

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

	Yes.	No.	I don't know.
Does the person have access to weapons that may be intended for of suicide or cause harm? (firearms, knives)			
Does the person have access to other items that may be intended for suicide or to cause harm?(pills, ropes, propane)			
Has the person attempted suicide in the past?			
Has the person recently experienced a major loss (a loved one, relationship, academic pursuit)?			
Are there concerns about the student's use of alcohol or other drugs?			
Is the student currently receiving counseling or other mental health services?			
Has the student received counseling or other mental health services in the past?			

Your name _____ Phone Number _____

University Email _____ Department _____

Relationship to Student _____ Date Submitted: _____

By checking this box, I confirm the information in this referral form is accurate to the best of my knowledge.

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