
Shelter Name

SHELTER REFERRAL SUSPENSION NOTICE

How to use this form: In Section I, provide an overview of the incident, including the type of incident and all parties involved (whether or not their actions resulted in a suspension).

In Section II, describe the incident and all attempts to prevent a suspension through de-escalation and other forms of resolution.

Complete Section I and Section II just once per incident.

Complete Section III once for **each** person whose actions resulted in a suspension. For example, if Joe and Eric were both involved in destruction of property and both were suspended, complete Section I and Section II once, but complete one Section III page for Joe and one Section III page for Eric.

***Note, if the suspension is due to the presence of someone with a history of intimate partner or family violence perpetration against another client of the shelter, check the incident type as “IPV Situation” on Section I, leave the rest of Section I and II blank, and complete Section III.

Attach the full report to an incident in HMIS and complete the Incident Report Form online, available here:
<https://www.nceeh.org/durhamce/>

Date Form Completed: _____

Section I. OVERVIEW

TYPE OF INCIDENT	VICTIM(S) OF INCIDENT (if applicable)	WHEN/WHERE INCIDENT OCCURRED	EVIDENCE OF INCIDENT
<input type="checkbox"/> Assault/Altercation <input type="checkbox"/> Child Abuse/Maltreatment* <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Illegal Sexual Behavior <input type="checkbox"/> Threat of Violence <input type="checkbox"/> Possession of Firearm <input type="checkbox"/> Destruction of property <input type="checkbox"/> Unauthorized guest <input type="checkbox"/> Possession/sale of illegal substances <input type="checkbox"/> IPV situation	<input type="checkbox"/> Adult Resident <input type="checkbox"/> Staff Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Minor Resident <input type="checkbox"/> Other (explain): _____ _____	Date: _____ Time: _____ Area: _____	<input type="checkbox"/> Resident Report <input type="checkbox"/> Staff Present <input type="checkbox"/> Other (explain) _____ _____ _____

Section II. Residents involved

Last NAME First	HMIS ID	Age	Role (Victim, Perpetrator, Observer)	Referral Suspension Requested (Yes/No)	Length of Referral Suspension Requested

Section III. Staff/Volunteers Involved

Last NAME First	Title	Victim (Yes/No)	Observer (Yes/No)	Intervened (Yes/No)

SECTION II DETAILED DESCRIPTION OF INCIDENT(S)

Give specific factual account of exactly what happened, who was involved, when and where the incident(s) occurred, name(s) of witness(es), who reported the incident(s), and the cause(s) of the incident(s). **Describe and mitigating factors that may reduce the needed suspension time, attempts to de-escalate the incident, and attempts to resolve the issue without a suspension.** Attach additional pages if necessary.

Name of Person Completing Report: _____ **Date:** _____

Manager Signature: _____ **Date Reviewed and Approved:** _____

SECTION III SUSPENSION NOTICE

Name of Client and HMIS ID

Qualifying incident(s) (Check all that apply)

- Credible threat to do physical harm to or stalk another shelter resident, staff member, or visitor.

- Took action with the intention or result of doing physical harm to or stalking another shelter resident, staff member, or visitor.

- Took action with the intention or result of destruction or theft of onsite property.

- Brought an unauthorized guest onsite whose presence endangered the safety of other people on the premises.

- Had a weapon in their possession onsite. (Shelters should have a policy that specifically defines items banned as weapons on premises. Attach relevant policy.)

- Engaged in sexual harassment of another person or engaged in sexually inappropriate behavior. Shelters should have a policy against sexual harassment that specifically describes banned behaviors. Attach relevant policy.

- Engaged in gang activity onsite.

- Possessed illegal substances onsite.

- Engaged in illegal activity with the intention or result of selling controlled substances onsite.

- Has a history of intimate partner or family violence perpetration against another client (aka: survivor) currently in the shelter and serving the client in question would pose a credible and imminent threat to the survivor. In this circumstance, the shelter is expected to try to move the survivor to a shelter run by a victim service provider, if possible, and to remove the suspension after the survivor is moved.

Maximum Suspension Period Allowed By Policy

- Unauthorized Guest: 2 months
- Credible threat of physical harm or verbal sexual harassment: 3 months
- Destruction or theft of property: 4 months
- Non-firearm weapon, gang activity, stalking, or sexually inappropriate behavior: 6 months
- Possession of illegal substances: 2 months
- Illegal sale of controlled substances: 6 months
- Physical harm to others, stalking, or possession of a firearm: one year

Suspension Period

Note: Most suspensions should not be for the maximum period allowed by the policy. Suspension periods should generally be for the minimum time necessary to establish the safety of clients and staff, and maximum suspension periods should be reserved for exceptional circumstances.

Rational for Suspension Period

If suspension is above the allowable maximum, please provide justification for the exception based on allowable exceptions as outlined in CE Policies and Procedures.

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