

Type

Referral Details

Type of Referral

Please enter details :

Employee Information

Reporting for multiple employees? ☒ Yes ☐ No

First Name	Last Name	Preferred Method of Contact	Work Email Address	Preferred Phone Number	Preferred Email Address
Chung Kei	Kaur	Telephone or Email	invalid@metrolinx.com		
Anna Ancy	Fard	Telephone or Email	invalid@metrolinx.com		

Traumatic Incident Support Program

Incident Tracking Number

Number of employees being referred

Incident Description:

Has an EFAP Trauma Intervention been scheduled?

☐ Yes ☒ No

Reason for not arranging Trauma Intervention

- ☐ I have determined it is not required for this incident based on criteria outlined in the policy
- ☐ I spoke to impacted employees and they refused it
- ☐ I am not aware of this intervention
- ☒ I do not know how to set up an EFAP Trauma Intervention
- ☐ Other

Declaration

Name of person completing this report

Job Title

Email

Telephone

Ext.

Date Intake form Completed

Signature

Nikita R

Department

Planning, Scheduling, and Estimating
