



# RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

## Municipal Police Training Academy

Community College of Rhode Island — Flanagan Campus  
 1762 Louisquisset Pike, Lincoln, RI 02865-4585  
 Telephone: (401) 722-5808 — Fax: (401) 722-3151



Colonel Ann C. Assumpico  
 Superintendent, Rhode Island State Police  
 Director, Department of Public Safety

Lieutenant Christopher J. Zarrella  
 Executive Director  
 Municipal Police Training Academy

### Mental Health Report Form

**Please print and check appropriate box**

<b>Sponsoring Agency:</b>	<b>Agency Investigator:</b>
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<b>Candidate Name:</b>
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<i>Facilities Name</i>	<i>Mental Health Inquiry</i>		<i>Follow up investigation conducted?</i>	
Arbour/Fuller Memorial Hospital	Record <input type="checkbox"/>	No Record <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Butler Hospital	Record <input type="checkbox"/>	No Record <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eleanor Slater Hospital	Record <input type="checkbox"/>	No Record <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
McLean Hospital	Record <input type="checkbox"/>	No Record <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Roger Williams Addiction Medication Treatment Center	Record <input type="checkbox"/>	No Record <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Point Treatment Center	Record <input type="checkbox"/>	No Record <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Department of Veterans Affairs	Record <input type="checkbox"/>	No Record <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	Record <input type="checkbox"/>	No Record <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SPECIAL NOTATION: Please attach copies of mental health facilities response documents to the form.**

<b>Investigator Signature:</b>
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