



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

Municipal Police Training Academy

Community College of Rhode Island — Flanagan Campus
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Colonel Ann C. Assumpico
 Superintendent, Rhode Island State Police
 Director, Department of Public Safety

Lieutenant Scott N. Raynes
 Executive Director
 Municipal Police Training Academy

Mental Health Report Form

Please print and check appropriate box

Sponsoring Agency:	Agency Investigator:
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Candidate Name:

<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.

Investigator Signature:
