



**St. Louis County Police Department**

**Wellness Unit**

**314-615-7857**

**Wellness@StLouisCountyMo.gov**

**Peer Team Specialist Name:** \_\_\_\_\_

**Contact report for month/year:** \_\_\_\_\_

<b>Number of NEW contacts</b>	
<b>Number of ONGOING contacts</b>	
Total number of contacts for month	
<b>Types of issues</b>	
Critical Incident Response	
Family/Relationship	
Financial	
Medical Issues	
Legal	
Employee/S.O. Gambling	
Employee/S.O. Substance Abuse	
Personal Stress	
Job Stress	
Veterans' Concerns	
Other	
<b>Number of Contacts Addressed:</b>	
While on duty	
While off duty	
<b>Number of referrals to EAP*</b>	

*\*An EAP referral is a mutual agreement between the Peer Support Specialist and the individual to call EAP whether a call was made or not.*

**Notes for this month:**

---



---



---



---



---

**Please scan then e-mail this document to: Lt. Scott Roach, Wellness Unit**

Office (314) 615-7857 Cellular (314) 267-2296

[Sroach@stlouiscountymo.gov](mailto:Sroach@stlouiscountymo.gov)