



## LAW ENFORCEMENT SUICIDE DATA COLLECTION PREPARATION WORKSHEET

This document is provided for situational awareness and is not considered an official response to the collection application. Do not submit this form to the Law Enforcement Suicide Data Collection (LESDC) Program Office. All reports to the LESDC must be made through the Law Enforcement Enterprise Portal.

This document provides information on questions posed within the LESDC. Law enforcement agencies entering data into the LESDC may wish to use this worksheet to organize the information needed to enter a death by suicide, or attempted suicide incident. Agencies can complete the worksheet and have it available when logging into the LEEP and accessing the LESDC.

The LESDC is broken down into five areas of information:

- **Administrative** – includes administrative details such as employing agency information or investigating agency information, as applicable.
- **Personal** – Includes details on the individual subject of the incident such as sex/race/ethnicity, age, etc.
- **Incident** – Includes type of incident, location, manner of death, and notification, if applicable.
- **Circumstances** – Includes information pertaining to known circumstances such as: incident, individual self-reporting, agency awareness, and additional information, when applicable.
- **Wellness** – Resources and training available at the reporting agency to their employees.

### Reporting:

Is the incident a:

- Suicide
- Attempted Suicide

Are you representing the:

- Employing Agency
- Investigating Agency

Agency incident or case number: \_\_\_\_\_

If not the employing agency, has an attempt to communicate the incident with the employing, or previously employing, agency been made?

- Yes
- No

**Part I - Administrative:**

Investigating Agency Address: _____ Street/PO Box Number: _____	ORI: _____ _____ City/State    Zip Code
_____ Telephone Number Employing Agency Address: _____ Street/PO Box Number	_____ Email Address ORI: _____ _____ City/State    Zip Code
_____ Telephone Number	_____ Email Address

- Category of Occupation:
- Law Enforcement Agencies
  - Corrections
  - Legal System
  - Telecommunications

Occupation of subject of report: (drop down list provided)

Was/Is this individual a current or former officer (including corrections officer), agent, or employee of the United States, a state, Indian tribe, or a political subdivision of a state authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of any violation of the criminal laws of the United States, a state, Indian tribe, or a political subdivision of a state? (YES or NO)

- | <b>Law Enforcement</b>                                    | <b>Corrections</b>                                        | <b>Legal System</b>                                 | <b>Telecommunications<br/>(check all that apply)</b> |
|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Supervisory/Management LEO Staff | <input type="checkbox"/> Supervisory/Management LEO Staff | <input type="checkbox"/> Advocate                   | <input type="checkbox"/> Dispatcher                  |
| <input type="checkbox"/> LEO Staff                        | <input type="checkbox"/> LEO Staff                        | <input type="checkbox"/> Attorney                   | Fire                                                 |
| <input type="checkbox"/> Support                          | <input type="checkbox"/> Support                          | <input type="checkbox"/> Inspector                  | Emergency Medical Service                            |
| <input type="checkbox"/> Supervisory/Management Staff     | <input type="checkbox"/> Supervisory/Management Staff     | <input type="checkbox"/> Judge                      | Law Enforcement                                      |
| <input type="checkbox"/> Support Staff                    | <input type="checkbox"/> Support Staff                    | <input type="checkbox"/> Paralegal                  | <input type="checkbox"/> Call Taker                  |
| <input type="checkbox"/> Other (list) _____               | <input type="checkbox"/> Other (list) _____               | <input type="checkbox"/> Parole Officer             | <input type="checkbox"/> Operator                    |
|                                                           |                                                           | <input type="checkbox"/> Pre-Trial Services Officer | <input type="checkbox"/> Professional Staff          |
|                                                           |                                                           | <input type="checkbox"/> Probation Officer          | <input type="checkbox"/> Teletype Operator           |
|                                                           |                                                           | <input type="checkbox"/> Professional Staff         | <input type="checkbox"/> Primary PSAP                |
|                                                           |                                                           | <input type="checkbox"/> Other (specify)            | <input type="checkbox"/> Secondary PSAP              |

**Part II – Personal Data Relative to the Incident:**

Age at time of suicide or attempted suicide: \_\_\_\_\_

Total Law enforcement work experience at time of incident:

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- Over 31 years

**Demographic**

- Male
- Female
- Non-binary
- Other \_\_\_\_\_

Race/Ethnicity (choose all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino

Military Veteran:

- Yes
- No
- Unknown

Branch of Service:

- Army
- Navy
- Air Force
- Marines
- Coast Guard

**Position Status**

- Actively Employed
- Suspended – out of work for disciplinary reasons
- Medically Separated/Family Medical Leave
- Approved Leave (annual/sick)
- Terminated
- Retired – withdrawn from occupation
- Reserve/In-training – full time training duty
- Resigned
- Temporarily Separated (sabbatical)
- Limited/Restricted Duty
- Part-time employee
- Alternate work assignment
- 

**Marital Status:**

- Single/Never Married
- Married
- Divorced/Not Remarried
- Divorced/Remarried
- Widowed/Not Remarried
- Widowed/Remarried
- Separated
- Living with Significant Other
- Domestic Partnership

**Children**

- Juvenile (child/grandchild/other)
- Adult (child/grandchild/other)
- No
- Unknown
- Number of Children: \_\_

**Part III – General Data Pertaining to Incident:**

Date of Incident: \_\_\_\_\_

Time of Incident:

Incident Occurred:

Date of Death: \_\_\_\_\_

- Morning (6a-11:59a)
- Afternoon (12p – 5:59p)
- Evening (6p – 11:59p)
- Night (12a – 5:59a)

- On Duty
- Off Duty

Location of Incident: \_\_\_\_\_  
City County State Country

Type of location of incident:

- Commercial (place of business and surrounding property, e.g., parking lot)
- Government (government building and surrounding property, e.g., parking lot)
- Public space (highway/road/alley/sidewalk)
- Residential (place of dwelling and its property, e.g., yard, private driveway)
- Other location (specify) \_\_\_\_\_

Manner of death:

- Firearm
- Hanging
- Overdose of prescription drugs
- Overdose of illicit drugs
- Alcohol
- Knife/Cutting Instrument
- Suffocation
- Asphyxiation (i.e., ligature or carbon monoxide)
- Jumping from high elevation (i.e., bridge/overpass/cliff, etc.)
- Death caused by what would otherwise be deemed accidental (specify/describe)
- Purposely committing an act resulting in death to include jumping in front of motor vehicle or Train/metro, etc.)
- Other (specify)

Was this a murder/suicide or attempted murder suicide?

- Yes
- No
- Unknown

**If Yes**

How many victims? \_\_\_\_\_

- Family Members
- Coworkers
- Strangers
- Other (specify) \_\_\_\_\_

Did the individual leave notice of the attempt/suicide?

- Yes
- No
- Unknown

**If Yes**

What type of explanation was left behind?

- Note/written correspondence
- Text message
- Social media
- Phone call/voice message
- Video
- Audio recording
- Email correspondence
- Other (specify) \_\_\_\_\_

**Part IV – Circumstances of the Incident**

Incident:

Did the individual report - or was known to have experienced - any of the following within the last year? (check all that apply)

	YES	NO	UNKNOWN
Direct or Indirect involvement of an incident resulting in the death or serious injury of an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced the death of a close colleague, friend, or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivor's guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats of violence resulting from job performance results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burnout/Secondary trauma collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)			

Individual Self-Reporting:

Did the individual report they (is/was) experiencing from any of the following? (check all that apply)

	YES	NO	UNKNOWN
Post-traumatic stress disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical illness/injury impacting subject's ability to perform in the capacity of the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern over impending retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vicarious Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)			

Agency Awareness:

UNCLASSIFIED

Are you aware if the individual exhibited any mental health/warning signs prior to the incident?  
(check all that apply)

	YES	NO	UNKNOWN
Making threats to harm or kill themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking abnormal access to drugs/weapons or other items that could cause harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessively/consistently talking about death and/or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing hopelessness, rage/anger, or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in risky behavior (reckless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing use of alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic/Increased absence from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased work issues and/or complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior suicide attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased Social Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No reports of any warning signs/None indicated to colleagues/agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)			

Additional Information:

	YES	NO	UNKNOWN
Was the individual the subject of a criminal investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the individual the target of an administrative investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is/was the individual a witness in an investigation involving their colleague?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has/is the individual (been/being) charged for a crime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the individual been disciplined (or pending discipline) for a violation of policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is/was the individual scheduled to stand trial, in civil, administrative, or criminal litigation, for an offense they allegedly committed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would a guilty verdict preclude further service or employment by the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the individual on a promotional list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the individual recently denied a promotion or transfer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V - Wellness:**

	YES	NO	UNKNOWN
Does your agency have a formal well-being or resiliency program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a law enforcement competent formal well-being or resiliency program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency provide training on secondary trauma, burnout, and suicide risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency provide a peer-connection support program or platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency provide training and opportunities for critical incident processing after significant traumatic work events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency provide mental health and counseling resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, to apply for a LEEP account please find registration access at [www.cjis.gov](http://www.cjis.gov).