

Organizational Service Report

For EAP to complete:

Case Authorization #:	Org Service #:	Org Consult #:
EAP Staff Contact Person and Number:		
Type of Service: <input type="checkbox"/> Critical Incident <input type="checkbox"/> Presentation <input type="checkbox"/> Health Fair		
Reason/Topic:		
Date/Time of Service:		
Agency/Department or Organization requesting service:		
Address and Parking Instructions:		
Onsite Contact Name:		Phone:
Secondary Contact:		Phone:
Additional Instructions:		

For Provider to complete:

Service Start Time:	Service End Time:
Number of Employee Attendees:	Number of Management Attendees:
Description of the services provided:	
Describe how services were received (the response/reaction of attendees):	
Any follow up requested or recommended for ongoing support or to address specific concerns:	

Signature: _____ **Date:** _____

