

SUICIDE PREVENTION LOCAL PRACTICES

The **PURPOSE** of this site is to collect local practices in suicide prevention.

DIRECTIONS: Briefly describe the policy, program, service, or action that is working well for your unit/installation. Please also describe the criteria by which you have evaluated this as a successful practice. Submissions will help to establish benchmarks of excellence Armywide. Please provide complete contact information in the event that additional information is needed. Thank you for your support toward preventing suicides. Please complete this form and select "submit" at the end to forward your input to g1suicide@conus.army.mil. If you have more than one local practice, please use a separate form for each submission.

Name:				GS/Grade/Rank:		Position /Title:	
Date: <small>(mm/dd/yyyy)</small>		Office Phone:		Cell Phone:			
Contact email:							
Unit/Installation:				Program (if applicable):			

Describe your suicide prevention local practice:

Describe how you have measured or evaluated this practice as successful/effective:

Why would you recommend that other like units/installations adopt this policy, program, service, or action?