

# Safety Plan



## **RED FLAG BEHAVIOR**

**Mild behavior,  
first symptoms are:**

## **MY PLAN OF ACTION**

**People I can call:**

**Places I can go:**

**Phone numbers to know:**

**What I need:**

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**Moderate or escalating behavior,  
worsening symptoms/actions:**

**People I can call:**

**Places I can go:**

**Phone numbers to know:**

**What I need:**

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