



**CITY OF NEW HAVEN  
DEPARTMENT OF HUMAN RESOURCES**

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**EMMET P. HIBSON, JR.,  
DIRECTOR OF  
ORGANIZATIONAL  
DEVELOPMENT**

**JOHN DeSTEFANO, JR.  
MAYOR**

**EMERGENCY CONTACT FORM**

**I. Employee Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Department** \_\_\_\_\_  
**Work Location Address** \_\_\_\_\_  
**Work Telephone** \_\_\_\_\_

**II. Home Address** \_\_\_\_\_  
**Home Telephone** \_\_\_\_\_

**III. In case of an emergency, please contact:**

**Name** \_\_\_\_\_ **-OR- Name** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name & Telephone of Primary Care Physician** \_\_\_\_\_  
\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This Emergency Contact Form is maintained by the Department of Human Resources, and is to be used only in cases of emergency.*