

Incident Inquiry Review Form
Clinton County Department of Emergency Services
Public Safety Answering Point

Reporting Agency: _____

Agency Official: _____ Contact Number: _____

Incident Date: _____ Incident #: _____ Incident Time: _____

Inquiry Narrative:

Signature: _____ Date: _____
(Signature of Agency Official Required)

Written follow-up from the Department Director following receipt of the inquiry will be offered to the Reporting Agency Official within ten (10) working days.