## **Incident Inquiry Review Form**

## Clinton County Department of Emergency Services Public Safety Answering Point

Agency Official: Contact Number: Incident Date: Incident #: Incident Time: Inquiry Narrative:  Signature: Date:  (Signature of Agency Official Required)	Reporting A	gency:			
Inquiry Narrative:  Signature: Date:	Agency Offi	cial:	Contact Number:		
Signature: Date:	Incident Dat	te:	Incident #:	Incident Time:	
Signature: Date:	Inquiry Narr	ative:			
Signature:					
Signature: Date:					
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Signature: Date:					
(Nonature of Ageney Littleia, Peaulyed)	Signature:_	(Signature of Ace	oney Official Paguina	Date:	

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.