



WAYNE COUNTY 911
EMERGENCY COMMUNICATIONS DEPARTMENT
 7376 Route 31; Suite 911, Lyons New York 14489
 (315) 946-5003



INCIDENT REPORT – WC911 OPERATIONS

(Incident Reports should be typed and submitted electronically. However, if that is not possible, this version can be used to submit a handwritten report. Please write legibly.)

When a problem or concern occurs that affects an agency, the agency head (or designated representative from the agency) is encouraged to call the 911 Watch Supervisor at 315-946-5755 as soon as possible after the situation occurs. Supervisors will log all such concerns if requested to do so. If the resolution is not satisfactory, or the agency wants formal documentation of the concern, the agency should also file this Incident Report.

Once completed, forward this report by e-mail to the 911 Center within one week of the date of occurrence. The completed report can be sent via email to: gdewolf@co.wayne.ny.us, faxed to 315-946-5661, or mailed to the address above.

Section I. Problem or Concern (Completed by the agency experiencing the problem or concern.)

Agency: _____ Reporting Date: _____

Reporting Person (include title and name): _____

List email address for report to be returned to: _____

Complete the following to the best of your ability:

Date of occurrence: _____ Time of occurrence: _____

Event number (begins with "P", "F", or "E" and has 12 characters): _____

Did you call the Watch Supervisor when it occurred to discuss? (check) Yes or No

If you called, did the supervisor resolve it to your satisfaction? (check) Yes or No

Description of Incident or Violation: _____
