



Request to Investigate

York County Department of Public Safety Communications

Date of Request: _____

Reporting Person: _____ Department/Organization: _____
Home/Cell phone: _____ Business phone: _____
Email: _____

Type of Incident: Law Enforcement Fire Medical

Location of reported incident: _____
City: _____ Date of Incident: _____ Approximate Time of Incident: _____

Public Safety Communications Personnel Involved (if known):

- 1. _____ 2. _____
- 3. _____ 4. _____

Comments:

****IF ADDITIONAL SPACE IS NEEDED PLEASE USE THE BACK OF THIS FORM OR ADDITIONAL PAPER****

FOR OFFICE USE ONLY

Date Received: _____	Received by: _____	Assigned to: _____
Response Due Date: _____	Date Completed: _____	
Notification made via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____		Date Notified: _____

Signature of personnel completing investigation: _____