

LEHIGH COUNTY COMMUNICATIONS – INCIDENT REPORT

DO NOT USE FOR EQUIPMENT TROUBLE

DATE OF INCIDENT:	TIME OF INCIDENT:	DATE WRITTEN:
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PERSONS / UNITS INVOLVED:

SIGNATURE OF PERSON SUBMITTING REPORT:	SUPERVISOR'S SIGNATURE:
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INCIDENT DESCRIPTION:
IF INCIDENT IS OTHER, PROVIDE DESCRIPTION:
CAD INCIDENT NUMBER (IF APPLICABLE):

DESCRIPTION OF INCIDENT (Use additional pages if necessary):

OFFICE USE ONLY

ACTION TAKEN: