



# COWLITZ COUNTY 911 CENTER

312 SW First Avenue, Kelso, WA 98626-1724

Phone: 360-414-5517 Fax: 360-414-5529

E-Mail: [wellsd@co.cowlitz.wa.us](mailto:wellsd@co.cowlitz.wa.us)

## INCIDENT INQUIRY REQUEST

In the event you have a concern about how a call or radio transmission was processed by the Cowlitz County 911 Center staff, we request that you complete this form so the incident can be properly investigated and any needed corrective actions taken.

Date Incident Reported: \_\_\_\_\_ Date Incident Occurred: \_\_\_\_\_

Associated Incident Report #: \_\_\_\_\_ Time Incident Occurred: \_\_\_\_\_

Person Requesting Inquiry: \_\_\_\_\_

Agency Requesting Inquiry: \_\_\_\_\_

Please explain *in detail* what occurred (*who, what, when, where*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain what you believe should have occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- This is an official complaint.
- I don't wish to file a complaint; however, I believe this should be reviewed.
- I need more information in order to determine my course of action.

Contact Information for Person Inquiring: Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_