

WASHINGTON APCO NENA E9-1-1 HARASSMENT CALL DATA COLLECTION FORM (For use in reporting individual incidents of 9-1-1 harassment.)

DATA REQUESTED	RESPONSE
E9-1-1 Center and/or Agency Name:	
Contact information for follow up if necessary (name, email, phone):	
Date of call:	
Time of call:	
Nature of call:	
How many call takers were impacted?	
How many calls total were taken in regard to this event?	
Number of law enforcement responders dispatched:	
Number of Fire/EMS responders dispatched:	
Incident number:	
Incident report attached: Yes No (circle one)	Recording attached: Yes No (circle one)
Time period affected (circle one) :	<p style="text-align: center;">One day One week Two weeks More</p> <p style="text-align: center;">_____ Total number of calls if more than one call</p>
Summary of event:	

Please complete this form and email along with the recording and incident report to Stephanie Fritts – sfritts@co.pacific.wa.us.