# FRANKLIN COUNTY
# COMMUNICATIONS QUALITY CONTROL FORM

PLEASE FAX TO 636-584-6877

**PLEASE SUBMIT WITHIN 48 HOURS OF OCCURRENCE.**

DATE OF INCIDENT_____ TIME OF INCIDENT_____

LOCATION OF INCIDENT_____

REPORTING AGENCY_____

NAMES OF DISPATCHERS IF KNOWN_____

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NAMES OF FIRE, EMS OR LAW ENFORCEMENT AGENCIES INVOLVED IF KNOWN

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DESCRIBE INCIDENT

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TRAINING
RECOMMENDATION_____

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DATE COMPLAINT IS BEING SUBMITTED_____

NAME OF OFFICIAL SUBMITTING COMPLAINT_____

Sheriff's Office Control Number_____ To be filled out by Sheriff's Office