Winchester Fire and Rescue Department

CUSTOMER SERVICE INQUIRY

Incident #: _____ Incident Date: _____

Incident Time: _____ Location: _____

Nature of Inquiry (please explain fully)

_____
_____
_____
_____
_____
_____
_____

Inquiry Submitted By: _____

DEPARTMENT USE ONLY

Received by Fire & Rescue Chief: _____ Date: _____

Fire & Rescue Chief Review and Comments:

_____
_____
_____
_____
_____
_____

Received by ECC Supervisor: _____ Date: _____

ECC Supervisor Investigation Results:

_____
_____
_____
_____
_____
_____

Corrective Measures Implemented (date): _____

Returned to Fire and Rescue Chief (date): _____