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Non-Emergency 717-582-4311 Fax 717-582-7320

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FIELD FEEDBACK REPORT

Discipline: Medical Fire Police 911 Center

Reported By: _____ **Agency:** _____

Incident Date: _____ **Incident Time:** _____ **CFS #:** _____

Report Type: Recommended Commendation Incident Issue

Description of Event:

Specific Policy Referred To: _____ **Policy #:** _____

FOR ADMINISTRATION USE ONLY

Received Date: _____ **Received Time:** _____ **QRT #:** _____

Case Review Completed on: _____ **Compliance Level:** _____

Investigation Findings:

Submitted To: _____ **Date & Time:** _____

Action Taken:

Approval Signature: _____ **Date & Time:** _____