Lake Emergency Medical Services
352-742-4674
ATTN: Kimberly Stephens
Chief Communications Officer

COMMUNICATIONS INQUIRY

Last Name	First Name		Date submitting Inquiry	
Unit ID	**Incident #**	**Run #**	**Date of Incident**	

NATURE OF INQUIRY (Check all that apply)

☐ Customer Service ☐ Incident Location ☐ Failure to provide information

☐ Kudos! ☐ Other (Please specify) _____

Have you made contact with the Communications Supervisor concerning your inquiry?

☐ Yes ☐ No Who? _____ Date_____

What was their response to your inquiry? _____

Detailed Description
In the space below, please provide the pertinent information regarding the incident. Provide names, dates, times, location, and as much detail as possible of the event.

Signature of person submitting inquiry: _____ _____/_____/_____

Signature of Field Supervisor or Battalion Chief: _____ _____/_____/_____

SEND FORM VIA E-Mail or Fax to:
Kimberly Stephens
Chief Communications Officer
kstephens@lakeems.org
Fax: 352-742-4679