

**SunComm User Agency Contact**

**Submitting Agency:**

**The intention of this contact is:** Commendation [ ]  Inquiry of Incident [ ]

**Date of Incident:**

**Time of Incident:**

**Address of Incident:**

**Incident or Call Number:**

**Name of Call Taker or Dispatcher** (if known)**:**

**Comments**: (What would you like SunComm to know was done well or what would you like for us to look into to ensure we’re handling all incidents to the best of our ability and user agency needs?)

**Would you like SunComm to contact you regarding this incident?** Yes [ ]  No [ ]

SunComm Use Only:

Date Received:       Date Investigated:

Date Contacted Submitting Agency:       Entered in GT? Yes [ ]  No [ ]

Notes:

If you need immediate assistance contact Assistant Manager Stacey Garcia (509) 575-6058 or (509) 834-9310 or by email stacey.garcia@yakimawa.gov