

# JOHNSON COUNTY CENTRAL DISPATCH

## FIELD FEEDBACK REPORT

SUBMITTED BY:

AGENCY:

DATE:

TIME:

EVENT ID #:

UNIT(S):

DESCRIPTION OF EVENT:

SPECIFIC PROTOCOL OR PROCEDURE REFERRED TO:

### FOR JCCD USE ONLY

DATE RECEIVED:

RECEIVED BY:

INVESTIGATION OUTCOME:

DATE INVESTIGATION COMPLETED:

INVESTIGATION COMPLETED BY: