

Sanford Communications Center

Communications Performance Report

**Reporting party should complete page one with as much detail as possible. Page two to be completed by the Sanford Communications Center in response to the report.*

Performance Category (CHECK ONE): Positive Negative Appeal

Date / Time of Incident: / / : **Incident Number:**

Individual Reporting: **Position:**

Organization: **Date of Report:** / /

Description of Incident:

Effect on Operations:

Signature of Reporting Party:

Date:

Communications Director:

Date:

**Section to be completed by the Sanford Communications Center.*

Date Report Received: / / **Reviewing Party:**

Results of Incident Review:

Reviewer in agreement with reporting party? Yes No

Corrective Action or Recommendation (IF REQUIRED):

Signature of Reviewing Party:

Date:

Comments:

-
- After completion, the reporting party will submit the form to Daryl Kirby, Communications Supervisor at daryl.kirby@sanfordnc.net. Please copy Lee County Manager Lisa Minter, lminter@leecountync.gov and Emergency Management Director Matthew Britt, mbritt@leecountync.gov on the submission.
 - After receipt, the Supervisor of Sanford Communications will review and address the report within 15 days of receipt.
 - Following this review and addressing of the report, the completed form will be returned to the reporting party, please maintain a copy for your records.

Additional Information (REPORTING PARTY):

Additional Information (RECEIVING PARTY):