

MERCER COUNTY DEPARTMENT OF PUBLIC SAFETY

911 INCIDENT — REQUEST FOR REVIEW FORM

Purpose: Use this form to request a review of a 911 incident, call, dispatch, or related emergency communications event.



Name: _____

911 Incident / CAD #: _____

Department / Agency: _____

Date of Incident: _____

Title / Position: _____

Approximate Time: _____

Phone: _____

Location of Incident: _____

Email: _____

Date Request Submitted: _____

Nature / Type of Call: _____

Police / Fire / EMS / Other Agency Involved: _____

REASON FOR REQUEST

Please provide a detailed description of the concern, question, or issue requiring review.

REQUESTOR'S STATEMENT

I am requesting that the above incident be reviewed by the Mercer County Department of Public Safety. I understand that the review may include available 911 recordings, CAD information, radio communications, dispatch records, and other relevant documentation.

Requestor Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Received: _____

Assigned Reviewer: _____

Received By: _____

Date Review Assigned: _____

Please email the Director and Deputy Director

Frank Jannetti: fjannetti@mercercountypa.gov

Terra Shaffer: tshaffer@mercercountypa.gov