Westcom Communication Form

◯ Praise ◯ Concern ◯ Equipment ◯ Other

Current Date

Agency

Incident

Incident Date

Incident Time

Related Case #

Equipment

◯ New

◯ Replacement

Estimated Cost

Describe Incident

Submitted by

Follow up Requested ?? ◯ Yes ◯ No

Submit by Email

WESTCOM USE ONLY

◯ Founded ◯ Unfounded ◯ Approved ◯ Denied

Assigned to

Comments

Date Completed

Follow Up Issued

Submit by Email