

FLATHEAD 911

INPUT FORM

- **Fill out as specific as possible including date and time of incident along with case number if known.**
- **Send to mich.provo@flatheadoes.mt.gov or fax 758-5562.**
- **In the event of a complaint, either human error or procedural, an investigation into the incident will be conducted and summarized in the Manager Resolution section. You will be contacted with the outcome by either phone or email.**

Name:	Date:
Agency:	Contact Information:
Input:	
Manager Resolution:	
Manager/Supervisor:	Date: