



County of Berks Department of Emergency Services

DirectLink Technology Center ♦ 2561 Bernville Road ♦ Reading, PA 19605

Incident History Audit Request

It is the policy of Berks DES to actively seek out and encourage communications from Field Users and the Public concerning the services provided by the Center.

External communications are used as part of the department's continuous improvement process. Any external communications, whether critical or complimentary, are managed through the department's professional responsibilities (PR) process which is led by a designated professional responsibilities officer (PRO).

Through this process, it is the policy of DES to ensure that staff involved in operations where there is performance that is noteworthy or beyond the norm is made aware of their involvement, and their performance is recognized as having been important to the outcome. Likewise, when staff fails to perform to expectations, this process is one of the ways that opportunities for retraining or potentially for discipline are recognized.

All persons wishing to make known a situation requiring further review by DES management will contact the DES on-duty Watch Officer (WO) by telephone at 610-655-4921.

The WO will begin an internal audit based on the information gained from that call.

Persons that request a follow-up communication, must submit their request in writing. It is suggested to complete the attached form to expedite the review process.

DES reserves the right to withhold the results of any request for any reason deemed necessary by DES management.

For a complete description of the process, please review the Professional Responsibilities Process located in the Field User Operations and Procedures Manual.

Please submit completed Incident History Audit Request forms to:

BerksDES@berkspa.gov

"To Assess, To Assist, To Advise"



County of Berks Department of Emergency Services

DirectLink Technology Center • 2561 Bernville Road • Reading, PA 19605

Incident History Audit Request Form

Requesting Department: _____

Requestor Name: _____

Requestor Contact Number: _____

Date of Request: _____

Incident Number: _____

Incident Date: _____ Incident Time: _____

Please provide the following information

Nature/Description of Incident and reason for the request:

Internal Use Only

Date Received: _____

Processed By: _____ Signature: _____

Date Processed: _____

"To Assess, To Assist, To Advise"