

# VEOC ACTION MESSAGE

Caller Name \_\_\_\_\_ Village Name \_\_\_\_\_ Sector \_\_\_\_\_

House Number \_\_\_\_\_ Street \_\_\_\_\_

|  |  |   |   |                                      |
|--|--|---|---|--------------------------------------|
| Date ____/____/____  | Time _____ AM/PM                                     | Received by _____                               |   |                                      |
| <small>Communication Team</small>  |  |   |   |                                      |
| <input type="checkbox"/> <b>Life Threatening</b><br><small>(includes Gas &amp; Fire)</small> | <input type="checkbox"/> <b>NON-Life Threatening</b> | <input type="checkbox"/> <b>Property Damage</b> | <input type="checkbox"/> <b>Other</b> _____ |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
| <input type="checkbox"/> <b>Medical/EST</b>  | <input type="checkbox"/> <b>Public Safety</b>        | <input type="checkbox"/> <b>Logistics</b>       | <input type="checkbox"/> <b>Language</b>    | <input type="checkbox"/> <b>Pets</b> |

|   |  |  |
|---|--|--|
| Specialty Team _____                              | Name(s) _____                                    |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| <input type="checkbox"/> <b>Incident Resolved</b> | <input type="checkbox"/> <b>Follow-Up Needed</b> | <input type="checkbox"/> <b>See Attached</b> |

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                     |                  |                   |   |
|---------------------|------------------|-------------------|---|
| Date ____/____/____ | Time _____ AM/PM | Received by _____ | <b>Incident Closed</b> <input type="checkbox"/> |
|---------------------|------------------|-------------------|---|