Public Information Emergency Response Call Tracking

Time of call: _______ a.m. p.m.

Nature of call:

Specific information contained in stock materials:

☐ Disease or illness-related
☐ Treatment-related
☐ Prevention-related
☐ Clarify recommendations
☐ Current status of the incident
☐ Hot topic 1 ________
☐ Hot topic 2 ________

Request for referral:

☐ For more health information
☐ For medical attention
☐ Other ____________

Feedback to agency:

☐ Complaint about specific contact with agency
☐ Complaint about recommended actions
☐ Concern about ability to carry out recommended action

☐ Report possible cases or markers (e.g., dead birds for West Nile or increased absences from place of employment)
☐ Rumor or misinformation verification (briefly describe)

Outcome of call:

☐ Calmed caller based on scripted information

Referred caller to:

☐ Health expert outside the department
☐ Personal doctor or health care professional
☐ Emergency room
☐ Red Cross or other non-government organization
☐ FEMA or state emergency management agency

Action needed:

☐ None

☐ Return call to: Caller’s name: ____________ Telephone number: ____________

Gender: M F

Return Call urgency:

☐ Critical (respond immediately)
☐ Urgent (respond within 24 hours)
☐ Routine

Call taken by: ___________________________ Date: ___________________________