

Post Action Staff Support Report

1. Date of Incident: _____

2. Date of Debriefing: _____

3. Agency Name: _____

4. Agency Contact Person & Numbers: _____

5. Debriefers: _____

6. Nature of Incident: _____

7. Number of persons attending: _____ Fire _____ Police _____ EMS _____ Community _____

8. General issues of debriefing: _____

9. Things that could have been done differently: _____

10. Recommendations for follow up: _____

11. Additional Comments: _____

PASS Leader

Date

**PLEASE COMPLETE FORM AND E-MAIL TO: maciasg@oakgov.com and dejtraveler@comcast.net
OR FAX FORM TO G. MACIAS/HOMELAND SECURITY AT 248-858-5542**