



**Subject:** Incident Reporting to NB 9-1-1 Bureau

**Policy:** The NB 9-1-1 Bureau shall accept and investigate all 9-1-1 related complaints and/or incident reports from any person.

**Authority:** *Emergency 911 Act*

**Procedure:** *The NB 9-1-1 Bureau will:*

- Accept complaints*                      ➤ Accept verbal or written communications identifying complaints and/or incidents.
  
- Action complaints with negative impact on life or property*                      ➤ Action complaints and/or incidents which resulted in negative impact on life, property or resources, within 1 business day upon receipt.
  
- Action all other complaints*                      ➤ Action all other complaints and/or incidents within 5 business days.
  
- Collect information*                      ➤ Collect all pertinent information from relevant parties.
  
- Notify NB 9-1-1 of related complaints*                      ➤ Notify the 9-1-1 Bureau of 9-1-1 related complaints and relay all pertinent information.
  
- Respond to the complainant*                      ➤ Respond to the complainant within 5 business days of actioning with update of findings.
  
- Report the Outcome*                      ➤ Report the outcome and closure of incident to the complainant.
  
- Forward the investigation*                      ➤ Forward the incident and investigation summary to related stakeholders as required.
  
- Notify partners of complaints*                      ➤ Notify the partner agencies of complaints as required and relay all pertinent information.



*Maintain a record*

- Maintain a record of the investigation including date received, assigned incident #, date of incident, date actioned, date resolved and a summary of findings.

*The related agencies will be requested to:*

*Submit requested information*

- Submit requested information within 5 business days.

*Notify NB 9-1-1 when investigation is actioned*

- Notify the 9-1-1 Bureau when they have actioned an investigation as required.

**Related Policy:**



APPENDIX A  
INCIDENT REPORT FORM

NB 9-1-1 BUREAU

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1. Reporting Agency: \_\_\_\_\_

2. Reporting Person: \_\_\_\_\_

3. Reporting person Tel. No: \_\_\_\_\_

4. Reporting person email: \_\_\_\_\_

5. Date of Incident: \_\_\_\_\_

6. Time of Incident: \_\_\_\_\_

7. Emergency call originated from telephone number: \_\_\_\_\_

8. Emergency Service Providers involved:

\_\_\_\_\_  
\_\_\_\_\_

9. Public Safety Answering Point involved: \_\_\_\_\_

10. ESP Dispatcher involved:

\_\_\_\_\_

11. Members of the public involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Description of incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send completed Incident Report Forms by email to: [NB9-1-1@gnb.ca](mailto:NB9-1-1@gnb.ca)