## **Crisis Communications Intake Response Form**

Criticality Level (select one):

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$\Delta$	

ROUTINE	MODERATE	SEVERE

Use this form to help your office respond to critical incidents.

	cident: Date/Time of Incident:				
Details: Include any relevant deta	ails that may be helpful as yo	u and your team continue to re	espond to the incident.		
Who to Notify: Include complete	e contact information for thos	e who may need to be notified	about the incident.		
Internal Contact Name	Phone Number	Email	Notified		
External Contact Name	Phone Number	Email	Notified		
the press and public of an emergin			a way for you to notify		
	g incident.				
	g incident. learned that a person or organ	ization made malicious roboca	lls to voters in		
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	to multiple reporters at o		ing a crisis can assist with d eral plan for press conferenc	
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has been made aware of the spread of false information on social media sites

contain the issue. Voters are encouraged to use \_\_\_\_\_\_ as a trusted source of information and may also

 ${\sf call} \underline{\hspace{1cm}} {\sf to} \ {\sf confirm} \ {\sf facts} \ {\sf or} \ {\sf to} \ {\sf report} \ {\sf suspicious} \ {\sf activity}.$ 

\_\_\_\_\_. These posts are accompanied by AI-generated images to support disinformation

\_\_\_\_ and these social media platforms to investigate and

INCLEMENT WEATHER

We are working with \_\_\_\_\_