

## ESC Region 12 Crisis Communication Timeline

Date:_	/	/ Campus:	District:		
Name	of perso	on completing this form:	Title:		
Name of appointed media contact for district:					
Name:		Title:	Phone number:		
Dit	T:	I F (M. 1.4 C I C			
Date	Time	Events/Updates for Information			



## ESC Region 12 Crisis Communication Timeline

Date:_	/	/ Campus:	District:
Name	of perso	n completing this form:	Title:
Name	of appoi	nted media contact for district:	
Name:		Title:	Phone number:
Date	Time	Events/Updates for Information	