Field Feedback Report

Reported by: ___________________________ Agency: ___________________________
Date: ___________ Time: ___________ Run #: ___________ Unit(s): ___________
Dispatchers: ___________________________ and ___________________________
Response Team: _________________________ and _________________________
Problem Encountered: __________________________

Specific Protocol referred to: ___________________________ #: ______
Operating procedure referred to: ___________________________ #: ______

For QIU Use Only

Received at Quality Improvement Unit (Date): ___________________________ By: ___________________________
Investigation Outcome: __________________________

Case Review Completed (Date): ___________ Compliance (%): ______ Correct Response Code: ______
Reported to: ___________________________ at: ___________________________
ED-Q’s signature: ___________________________ Date: ___________________________

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