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: ______________________