

Field Feedback Report

Reported by: _____ Agency: _____

Date: _____ Time: _____ Case #: _____

Dispatchers: _____ and _____

Units: _____ and _____

Feedback: _____

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: _____