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-Qs signature: _____ Date: _____

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