Field Feedback Report

Reported by: _____ Agency: _____

Date: _____ Time: _____ Case #: _____

Dispatchers: _____ and _____

Units: _____ and _____

Feedback: _____

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Specific Protocol referred to: _____ #: _____

Operating procedure referred to: _____ #: _____

For QIU Use Only

Received at Quality Improvement Unit (Date): _____ By: _____

Investigation Outcome: _____

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Case Review Completed (Date): _____ Compliance (%): _____ Correct Response Code: _____

Reported to: _____ at: _____

ED-Q's signature: _____ Date: _____

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