



Field Feedback Report

Reported by: _____ Agency: _____

Date: _____ Time: _____ Incident# _____ Unit(s): _____

Telecommunicator(s): _____

Specific Protocol referred to: _____ #: _____

Operating procedure referred to: _____ #: _____

Problem Encountered: _____

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: _____