

National Academy of Emergency Dispatch Field Feedback Report

Reported by: _____

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

Dispatchers: _____ and _____

Response Team: _____ and _____ and _____ 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: _____

Note: Please print this document, enter the required information and once completed, send to the Suffolk County EMS Medical Director at the following address:

Tom Lateulere
Suffolk County EMS
P.O. Box 6100
Hauppauge, New York 11788-0099

-or-

You can fax it to 853-8307.

Thank you for participating in this important component of ensuring quality emergency medical services to the residents of Suffolk County. You will be contacted to discuss the specifics of this call.