

Medical Dispatch Field Feedback Report

Reported by:
Agency:
Date:
Time:
Incident number (if known):
Responding unit(s):
Medical Priority Dispatch code paged to:
Appropriate code Yes No If no, why?
Other problems/complaints:
Q/A Follow-up (for office use only):

Note: This is **not** a formal complaint form. It is to assist EMS Districts with concerns on a particular EMS page they may have had problems with.

Please FAX to Dane County EMS at 608.266.4500

H:\ems\EMS\Priority Medical Dispatch\feedback form.doc

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