



Field Feedback Report

Reported by: _____ Agency: _____

Date: _____ Time: _____ Run #: _____ Unit: _____

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: _____ On: _____

QIU Member Signature: _____ Date: _____