



Kent County Emergency Medical Services, Inc.
 678 Front St. NW, Grand Rapids MI 49504
 (616) 451-8438 (QI hotline – prompt #4)
 (616) 451-8462 (fax)

Date received: _____	
Assigned to: _____	Date Assigned: _____
Committee Review: _____	FWD To/Date: _____
Substantiated: _____ (Y/N)	Date Closed: _____
Data entry: _____	Final Review: _____

(office use only)

Event # _____

Quality Assurance / Quality Improvement Incident/Complaint/Compliment Report Form

Incident type: Radio Communications Protocols/Policies Dispatch/Medcom
 Interagency Cooperation Professional Decorum Meds / Drug bag (Hosp)
 Patient Care Prioritization Meds/ Drug bag (EMS)
 Documentation Compliment
 Other: _____

If Drug Bag Incident:

Destination Hospital: _____
 Box serial #: _____
 Last Pharmacy Inspection:
 Date: _____ Hospital: _____
 Personnel Initials: _____

Please attach drug-bag label below:

ATTACH DRUG BAG LABEL HERE

Event Date: _____ **Event Time:** _____ **MedCom Number:** _____

Event Location: _____

Incident/Complaint/Compliment Description:

(Please include events surrounding, and contributing to, this incident)

Agencies Involved: (1) _____ **Reporting Agency** (2) _____ **Subject of report - Agency**

Personnel Involved: (1a) _____ (2a) _____

(1b) _____ (2b) _____

