San Mateo County Public Safety Communications
Quality Assurance Unit

EMD Field Feedback Report

Purpose: As a field care provider, to inquire about an EMS call with regards to the EMD process; appropriate reductions or upgrades in response, concerns or questions regarding EMD first responder care over the telephone, and recognition of EMD practices which contributed to a positive patient outcome.

Date of Incident: _____ **Location/Address:** _____
Time of Incident: _____ **Run # or A#:** _____

Narrative: _____

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Your Name: _____
Your Agency: _____
Contact # and Shift: _____

Our policy is to get back to you with feedback/response within 14 days of receiving your inquiry. Please help us by being detailed in your narrative so that we may properly educate or acknowledge your feedback with the dispatcher. We appreciate your interest in our quality assurance process.

Please send by mail ONLY:

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C/O Quality Assurance Unit
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Redwood City, CA 94063
Phone: 650-363-4113 Patty Jewett...Q.A. Supervisor