



# SLOEMSA Provider Feedback Form

In Accordance with California Civil Code Section 56, et seq, California Evidence Code  
Section 1040 and Section 1157, et, seq, and California Code of regulations, Title 22,  
Division 9

Submit completed form to: PH\_EMSA@co.slo.ca.us

The Following Section is to be Completed by the Reporting Party

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Agency Name:

Reporting Party Name:

Date of Report:

Phone Number

E-mail Address:

Date of Incident or Situation

Time of Incident (24-hr hhmm):

Run Number:

Date Investigation Initiated:

Parties Involved:

Agency of Personnel Involved:

Reporting Party Concerns:

Personnel(Units/ Engines / Shifts) Involved:

Level of Care Review:

Level 1- Issue that does not directly impact patient care

Level 2- Issue with potential for limited patient harm

Level 3- Issue with potential for patient harm

Level 4- Any incident which qualifies for review under California Health and safety Code 1798

Issue Category:

Interpersonal

Interagency

Hospital

System (LEMSA)

NA

Specific Issue(s):

Airway

Destination

Documentation

Equipment

Interpersonal

MCI

Medication

MICN Issue

Patient Transfer of Care

Physician Issue

Base Modified/Contact

Dispatch

Inappropriate Behavior

Manpower Utilization

Medical Control

Patient Assessment

Policy/ Protocol

Other

Date Submitted to SLOEMSA:

Submitted by:

**\*\*The Following Section is to be Completed by the Responding Party\*\***

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Responding Party Response:

Date of Response:

Response Submitted by:

The Following Section is to be Completed by the EMSA

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Final Level of Case Review Outcome:

Level 1- Issue that does not directly impact patient care

Level 2- Issue with potential for limited patient harm

Level 3- Issue with potential for patient harm

Level 4- Any incident which qualifies for review under California Health and safety Code 1798

No Issue

Additional Information Provided/Available to SLOEMSA (Confidential):

Base Hospital Audio Files

Cardiac monitor/ AED

Body Cam Footage

Dispatch Audio Files

PCR

Patient refusal of Service

Base Hospital Documentation

Pre Hospital Personnel Interviews

Dispatch Logs

Incident Reports

SLOEMSA Policy/ Protocol

Resolved Between Parties?

Yes

No (Resolution to be Determined by SLOEMSA)

Resolution / Indetermination Comments:

Date of Resolution:

Resolution Submitted by: