

# ***ST JOSEPH COUNTY MEDICAL DISPATCH REVIEW COMMITTEE***

Please use this form to inquire about a medical call with regards to problems encountered that could be attributed to call evaluation or classification, clarifications about the medical dispatch protocol, or to commend the performance of an Emergency Medical Dispatcher.

Requested by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Medic/BLS: \_\_\_\_\_ Shift: \_\_\_\_\_

Dispatch Agency (Circle One): SJCFD South Bend Mishawaka Walkerton Notre Dame  
Prompt EMS

Check appropriate box:

- Commendable Performance
- Problem Encountered (what)
- Clarification Requested (why)

Medical Priority Dispatch Protocol Referred To: \_\_\_\_\_

APCO Card Referred To: \_\_\_\_\_

Policy Referred To: \_\_\_\_\_

## **CASE INFORMATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ CAD/Run #: \_\_\_\_\_

Response Code (From Dispatch) \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Details (include incident address):

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Use Additional Sheets As Necessary

