

	3504	Confidential Case Report
Nor-Cal EMS Policy & Procedure Manual	Continuous Quality Improvement	
Effective Date: 4/1/2021	Next Revision: 4/1/2024	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

AUTHORITY: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Instructions

- Please fill out this form completely. Use additional sheets if necessary.
- Please send to **Nor-Cal EMS 930 Executive Way, Suite 150, Redding, CA 96002** or email to mail@norcalems.org. If questions call 530-229-3979.

- Type of Issue: Medical Trauma EMS Provider Policy Dispute Other: _____

1. Incident Date/Time:	2. Provider Agency Name:	3. Case Number: (assigned by Nor-Cal EMS)	4. Reporting Date:
5. Address or Location of Incident:			
6. Person Reporting Incident:			
7. Preferred Method of Contact:			
Phone:	Fax:		
Email:	Address:		
8. Affiliation:	9. Unit:		
10. Explain issue or event in detail.			
11. Attach supporting documents and explain their importance. Be specific as possible; include names, addresses, other agencies, times, dates, etc. Use separate sheets of paper if necessary.			
12. Attachments <input type="checkbox"/> NO / <input type="checkbox"/> YES: # of pages or documents _____			
<i>I certify that all of the preceding information, which I have provided, is true, correct, and complete to the best of my knowledge.</i>			
_____ <i>Signature</i>			DATE SIGNED:
Print Name:			

FOR OFFICE USE ONLY Date Received: _____ Check if Issue: <input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical <input type="checkbox"/> Investigation
