



**Saint Francis EMS System
Incident Report/Request for Clarification**

- Incident Report:** Intended to document alleged inappropriate circumstances regarding patient care. It is also intended to document any alleged instances of unprofessional or unethical conduct of a healthcare provider.
- Request for Clarification:** Filed when a healthcare provider has questions concerning instructions received for patient care or care rendered by a healthcare professional.

Identify Provider Agency and/or Receiving Hospital Involved:		
EMS Incident Number:	Incident Date:	Incident Time:
Patient Name:		
EMS Providers (Print names of ambulance crew involved in incident):		
ER Staff Involved (Print names of ER staff involved in incident):		

Description of incident or request for clarification (use back of page if needed):
--

Person Initiating Report		
Print Name	Signature	Date

REVIEWED BY:

ED Manager:	Date:
EMSSC:	Date:
EMS Medical Director:	Date:

Outcome of Review:

Follow Up Required: