EHS Feedback Form

Please use this form to:	**After completion sent this form to:**
• comment on service received • request information • compliment paramedics / RN • suggest improvements to EHS system and / or any of its programs or contractors	EHS Ambulance Operations Management Attention: Risk Management 239 Brownlow Avenue, Suite 300 Dartmouth, Nova Scotia B3B 2B2 Fax: 902-407-4893 Email: service.inquiry@emci.ca

Please supply as much detail as possible in the field below:

Name:		Agency:	
Are you a: __ Patient __ Relative __ Nurse __ Physician __ Police Officer __ Fire Fighter __ Paramedic __ Other (please specify) _____			
Address:		City and Province:	
Postal Code:	Phone (Home):	Phone (Work):	Fax:
Patient Name:		Patient Phone #:	

Please describe your experience with EHS. Use additional paper if needed. Please sign and date the bottom of each page submitted.

Date / Time of Occurrence:	**Location of Occurrence:**
Comments:	

Continued pg. 2 ...

Signature: _____	**Date:** _____

For EHS office use only. Do not write in this space.

Date of inquiry:	Date mailed / faxed:	File #:	Date received:
Forwarded to:	Date forwarded:	Date processed:	Nature of inquiry:

Emergency Health Services

EHS Feedback Form (continued)

Comments (continued):	
Signature: ______________________________	Date: ___________________________________