



Oswego County EMS CQI Program



Patient Care Concern Reporting Form

Who is reporting the concern?

Name (print) _____ Phone Number _____

When did the concern occur?

Date _____ Time _____

Who does the concern involve?

Patient name (print) _____

Name of agency Involved (ambulance, fire dept, 911 Center or hospital) _____

Name of the provider(s) involved (if known) _____

What is the concern? (please be detailed)

May we contact you for further information? yes no

Do you wish to be contacted regarding the outcome of this issue? yes no

Send to: (315)591-9176 (fax) or cqiconcern@oswegocounty.com or Oswego County EMS, 200 North 2nd St., Fulton, NY 13069

CQI Committee use only

Disposition

Turn over to the following agency name/agency/date provided _____/_____/_____

Bring to next County CQI meeting

Provide to Region or State (circle one): name/agency/date provided _____/_____/_____

Contacted originator regarding disposition name/agency/date provided _____/_____/_____

Oswego County CQI Manual

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