



# EHS Feedback Form

<p><b>Please use this form to:</b></p> <ul style="list-style-type: none"> <li>• comment on service received</li> <li>• request information</li> <li>• compliment paramedics / RN</li> <li>• suggest improvements to EHS system and / or any of its programs or contractors</li> </ul>	<p><b>After completion sent this form to:</b></p> <p>EHS Ambulance Operations Management          Attention: Risk Management          239 Brownlow Avenue, Suite 300          Dartmouth, Nova Scotia B3B 2B2</p> <p>Fax: 902-407-4893          Email: service.inquiry@emci.ca</p>
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**Please supply as much detail as possible in the field below:**

Name:	Agency:
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Are you a:  Patient  Relative  Nurse  Physician  Police Officer  Fire Fighter  
 Paramedic  Other (please specify) \_\_\_\_\_

Address:	City and Province:
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Postal Code:	Phone (Home):	Phone (Work):	Fax:
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Patient Name:	Patient Phone #:
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**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:
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**Comments:**


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Signature: _____	Date: _____
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*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:

