CAPE & ISLANDS
EMERGENCY MEDICAL SERVICES SYSTEM, INC.
P.O. Box 1197 • Hyannis, MA 02601 (508) 771-4510 • (508) 771-1692 fax

NOTIFICATION/REQUEST FORM

This form should be completed by anyone involved in an emergency medical care incident who requests a review by CIEMSS, Inc. and the affiliate Medical Director. This request to review may help to identify real or potential problems within our system, help identify and correct system deficiencies, help acknowledge exceptional provider care and provide a method to enhance training opportunities. This notification form is not to be used as a vehicle to discipline participants. In all cases, problems, deficiencies and recognition should be reviewed with the participants involved.

✓ Check one or all that apply:

☐ Unusual Occurrence	☐ EMD Dispatch Review	☐ Training Suggestion
☐ Reportable Serious Incident	☐ Physician follow-up	☐ Recognition

Date of Incident: _____ Time of Incident: _____ Hospital: _____

SARF #: _____ Unit CMED #: _____ Organization: _____

Individuals Involved: _____

_____

Briefly describe the incident and provide suggestions or corrective measures, if applicable:

Completed by: _____ _____
Print your name Department/Organization

_____
Title/Position

CLICK HERE TO EMAIL TO CIEMSS, Inc.

Once completed, submit this form to the CIEMSS, Inc. Director via mail, fax, email or attached to CIEMSS, Inc SARF copy.

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