

## MCI FEEDBACK/REPORTING FORM

### REPORTING ENTITY

Reporting Agency:

Reporting Person:

Telephone:

Email Address:

### INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)

Incident Date:

Incident Name:

Incident Location:

Dispatch Time:

First Unit On Scene Time:

First Transport Unit On Scene Time:

Supervisor On Scene Time:

Incident End Time:

### NUMBER & TYPE OF PREHOSPITAL EMS RESOURCES

First Responder  
Agencies Utilized:

Ground Amb.  
Providers Utilized:

# of Ground Amb. Requested:

# of Ground Amb. Utilized

HEMS  
Providers  
Utilized:

# of HEMS Aircraft Requested:

# of HEMS Aircraft Utilized:

Other Transport Resources:

Incident Commander:

Transportation Unit Leader:

Triage Unit Leader:

Med. Communications Coord.:

Treatment Unit Leader:

Were MCI ID Vests Used?

☐ Yes ☐ No

Were Triage Tags Used?

☐ Yes ☐ No

Were Pt. Tracking Sheets Used?

☐ Yes ☐ No

|  |          |          |                              |           |
|--|----------|----------|------------------------------|-----------|
|  |          |          |                              |           |
| <b>NUMBER &amp; TYPE OF PATIENTS</b>   |          |          |                              |           |
| IMMEDIATE:                             | DELAYED: | MINIMAL: | EXPECTANT                    | DECEASED: |
| # Of Adult Pts:                        |          |          | # Of Pediatric Pts:          |           |
| # Of Pts Transported by EMS:           |          |          | # Of Pts Refusing Transport: |           |
| <b>HOSPITAL INFORMATION</b>            |          |          |                              |           |
| CF Representative Name:                |          |          | Initial CF Contact Time:     |           |
| Initial MCI Notification Received From |          |          |                              |           |
| Number of CF Staff Assigned:           |          |          | CF Pt Dispersal Officer:     |           |
| Receiving Facilities Utilized:         |          |          |                              |           |
| <b>FEEDBACK AND SUGGESTIONS</b>        |          |          |                              |           |