

Genesee County Medical Control Authority Professional Standards Incident Report

Incident Date: _____ **Incident Time:** _____

Incident Location: _____

Agency(ies) Involved in Incident: _____

Protocol Violated: _____

(State the specific protocol violated in this incident from the GCMCA Protocol Book **including the page number**)

Describe the Incident: _____

Report Completed By:
Name: _____

Agency (if applicable): _____ **Phone:** _____

Signature: _____ **Date:** _____

Submission Instructions:

Attach any pertinent records for Professional Standards Review to this document and either fax the information to 810-262-2556 or mail the information to the Genesee County Medical Control Authority, One Hurley Plaza, Flint, Michigan 48503. Retain a copy for your records.