Chattanooga MedComm – Southeast Tennessee Region 3 RMCC
Quality Assurance / Quality Improvement

PRINT AND FAX FORM

This form is to be completed by any EMS or Emergency Department personnel that are in the Chattanooga MedComm - RMCC 3 System.

If you, or your service or agency has encountered a problem as a result of contact with Chattanooga MedComm, or if there are any suggestions that you may have for the improvement of MedComm's services or operations, Please complete this form below and **fax to 423-778-5431**. This form will be immediately forwarded to the MedComm Management Team.

Type of comment (check one):

☐ Complaint / problem ☐ Suggestion ☐ Positive Comment

Nature of comment (check one):

☐ Equipment Malfunction ☐ Procedure/Protocol ☐ Individual/Personnel Issue

☐ Patient Care Issue ☐ Medical Direction Issue

Enter your comments below *(send additional sheets if necessary):*

Tell us how to get in touch with you:

Name: _____

Email: _____

Phone: _____

☐ *Please contact me as soon as possible regarding this matter.*

FAX TO 423-778-5431