

Tri-County Emergency Medical Control Authority

Serving Clinton, Eaton, and Ingham County

EMS Agency & Hospital Concerns/Information

This form is to be used for concerns/information regarding EMS Agencies or Emergency Departments. Concerns could be with people, processes, conduct,...etc.

If your concern is regarding a potential protocol violation, please utilize the EMS Professional Standards Review Organization Incident Report. If you're unsure, please contact the MCA office. (517) 699-2888

Date of Concern:
Time of incident or patient arrival time:
Your Agency / Hospital Name:
Incident number or Run number if applicable:
What agency or facility is your concern with? (please be specific)
State, in detail, your concern/information: (please be specific, the who, what, when, and where:
Your ideas or thoughts on resolution to your concern?
If you would like to be contacted by TCEMCA regarding your concern/information, please provide us your name and contact information: (your name will not be shared with the agency or facility your concern is regarding)
Access / Facility Constructional to California in the latest and t
Agency / Facility Supervisor signature & title, reviewed and approved concern: