Complete this form when you want to give feedback or ask a question about Medical Response. Complete and email a copy to medical@fireandemergency.nz.

**Note: I**nformation about the issue you have raised may be shared with other emergency response agencies, but no information from Safe@Work will be shared. Your personal details will not be shared without you being asked first.

|  |  |
| --- | --- |
| Part A | Your Details |
| Name: |  |
| Location | Choose an item. | Station |  | Watch? |  |
| Contact Phone |  | Email |  |

|  |  |
| --- | --- |
| Part B | Feedback  |
| Linked agency | ComCen [ ]  | St John [ ]  | Wellington Free [ ]  |
| Incident related | Yes [ ]  No [ ]  | Incident # | F | Safe @Work entry | Yes [ ]  No [ ]  |
| Feedback |  |

|  |  |
| --- | --- |
| Part C |  Recommended actions |
| What do you think could be done? |  |

|  |  |
| --- | --- |
| Part D | Signature block |
| Signature: |  | Date: | Click or tap to enter a date. |