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](mailto: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. |