

## **FEEDBACK FORM**

This form is to be used to register feedback related to the service provided by the Winnipeg Fire Paramedic Service. All information is confidential and will be used for internal purposes only. Please mail this completed form to:

Winnipeg Fire Paramedic Service 2<sup>nd</sup> Floor – 185 King Street Winnipeg, MB, R3B 1J1

☐ Thank a WFPS Member ☐ Submit a Concern	
PERSONAL INFORMATION	
Name:	Date:
Phone Number:	Invoice No. (If applicable):
Mailing Address:	Customer ID (If applicable):
Patient's Name (If different from above)	
Relationship to Patient (If applicable):	
INCIDENT TYPE ☐ EMS Call ☐ Fire Response ☐ Fire Inspection ☐ Public Education ☐ Other(Specify)	
Incident Date:	
Incident Location:	
Incident Details / Comments:	