FEEDBACK FORM

This form should be used to make inquiries or provide feedback about the service provided by the Winnipeg Fire Paramedic Service. All information is confidential and will be used for investigation purposes only. Please send this completed form to:

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

PERSONAL INFORMATION

Name: Date:

Phone Number:

Mailing address:

Patient's name:
(If applicable)

INCIDENT TYPE ☐ EMS Call ☐ Fire Response ☐ Fire Inspection ☐ Public Education ☐ Other (Specify)

Incident Date:

Incident Location:

Incident Details / Comments:

Please attach additional pages or documents as necessary.