

**CRITERIA BASED DISPATCH
SUGGESTIONS / COMMENTS / KUDOS**

(May be initiated by Dispatchers, EMTs, Nurses, Paramedics)

Date of Call: _____ Time of Call: _____ **MIRF Form #** _____
(Agency Incident #)

Dispatch Center Incident/Activity #: _____ Initial Dispatch Code: _____

Person Initiating Report: _____ Work Phone #: _____

Agency Name: _____

COMMENTS: PERSON INITIATING REPORT

SUPERVISOR APPROVAL: _____ **DATE:** _____

(Supervisor approval optional per your department policy.)

COMMENTS: DISPATCH SUPERVISOR REVIEW

_____ Handled in-house by dispatch center, no further follow-up recommended.

_____ Recommend system review by King County EMS Division.

SUPERVISOR: _____ **DATE:** _____

COMMENTS: KING COUNTY EMS DIVISION or DISPATCH REVIEW COMMITTEE

REVIEW BY: _____ **DATE:** _____

ROUTING:

Initiating person: Fax copy to EMS 206-296-4866. Route original (all 3 copies) to dispatch center where the call originated.

Dispatch Supervisor: After completing form:

Send pink copy to the person who initiated the form.

If requesting EMS Division Review: Send white and yellow copies to EMS.

If handled in-house, NO EMS REVIEW: Retain yellow copy for your files and send white only to EMS.

EMS Division: After EMS Division Review, send yellow copy to Dispatch Supervisor.

Fax copy to initiating person.

File white copy for EMS files.