CRITERIA BASED DISPATCH
SUGGESTIONS / COMMENTS / KUDOS
(May be initiated by Dispatchers, EMTs, Nurses, Paramedics)

Date of Call: ____________ Time of Call: ____________ MIRF Form # ____________

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.