



ORANGE COUNTY HEALTH CARE AGENCY
 REGULATORY / MEDICAL HEALTH
 EMERGENCY MEDICAL SERVICES



FEEDBACK FORM

The mission of Orange County Emergency Medical Services is to coordinate the highest quality pre-hospital and emergency medical care in response to individual needs, as well as community crisis. We value your feedback and would like to thank you for filling out this form. Please provide as much detail as possible while completing this document. Complaints are received in accordance with OCEMS Policy 720.20. If you have any questions regarding this form, please e-mail them to: EMSAmbulancePerformance@ochca.com.

Reporting Party Information

First Name
 Last Name
 Phone Number
 Email
 Preferred Time of Contact
 Preferred Contact Method

Feedback Details

I am reporting as	A Patient	A patient representative	A bystander/citizen
Patient First Name			Patient name unknown
Patient Last Name			
Date of Incident			Date of Incident Unknown
Associated Agency(ies)	Ambulance Provider	Fire Department	Both I'm not sure
Nature of feedback			

Details

Thank you for taking the time to complete this form. We sincerely appreciate your concern and will review your case shortly. Please feel free to e-mail EMSAmbulancePerformance@ochca.com with any supporting documents (photos, invoices, etc.), updates or questions, or call the EMS Ambulance Performance phone number at (714) 834-4611.