Incident #_____
(For GCMCA Use Only)

Genesee County Medical Control Authority
Professional Standards Incident Report

Incident Date: _____ **Incident Time:** _____

Incident Location: _____

Agency(ies) Involved in Incident: _____

Protocol Violated: _____
(State the specific protocol violated in this incident from the GCMCA Protocol Book **including the page number**)

Describe the Incident: _____

_____

_____

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_____

Report Completed By:
Name: _____

Agency (if applicable): _____ **Phone:** _____

Signature: _____ **Date:** _____

Submission Instructions:
Attach any pertinent records for Professional Standards Review to this document and either fax the information to 810-762-4108 or mail the information to the Genesee County Medical Control Authority 3927 Beecher Road Flint, MI 48532. Retain a copy for your records.