

Northern California Emergency Medical Services
CONFIDENTIAL INVESTIGATION REPORT (CIR)

DATE RECEIVED:

Instructions

- Y Please fill out this form completely. Use additional sheets if necessary.
- Y Incomplete or omission of information may result in delays or inability to investigate the allegations.
- Y Please forward Complaints to **Nor-Cal EMS 43 Hilltop Drive, Redding, California 96003**

Medical Pt. Trauma Pt. EMS System Trauma System Other

Case # (Nor-Cal EMS Use ONLY)

PERSON REGISTERING REQUEST

NAME			TELEPHONE NUMBER
ADDRESS (Street Number and Name)			APARTMENT NUMBER
CITY	COUNTY	STATE CA	ZIP CODE

SUBJECT OF REQUEST

NAME			
EMPLOYER'S NAME			TELEPHONE NUMBER
ADDRESS (Street Number and Name)			
CITY	COUNTY	STATE	ZIP CODE
DATE and TIME OF INCIDENT:	LOCATION OF INCIDENT:		

1. Explain incident in detail.

2. Attach supporting documents and explain their importance.

3. Explain any relationships and/or prior contact with the subject. Explain circumstances.

I certify that all of the preceding information, which I have provided, is true, correct, and complete to the best of my knowledge.

I am giving Nor-Cal EMS permission to use my name in association with this CIR.

SIGNATURE	DATE SIGNED
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