

Routing/Actions Taken:

<u>Date</u>	<u>Rcvd</u>	<u>Frwd</u>	<u>Rcmd</u>	<u>Action</u>	<u>Initial</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Comments:

Resolution: (EMS Agency Only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Critique | <input type="checkbox"/> No Action | <input type="checkbox"/> Verbal Reprimand |
| <input type="checkbox"/> Certification Action | <input type="checkbox"/> Policy/Procedure Revision | <input type="checkbox"/> Written Report |
| <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-II | <input type="checkbox"/> Probation | <input type="checkbox"/> Written Reprimand |
| <input type="checkbox"/> Intern <input type="checkbox"/> Interim | <input type="checkbox"/> Remedial Education | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Formal Instruction | _____ |
| <input type="checkbox"/> Educational Feedback | <input type="checkbox"/> Policy Review | _____ |
| <input type="checkbox"/> Written <input type="checkbox"/> Meeting | <input type="checkbox"/> Protocol Review | _____ |
| <input type="checkbox"/> Formal Investigation | <input type="checkbox"/> Referred to State | _____ |