



**UNUSUAL OCCURRENCE REPORT, cont.**

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 understand that all information contained within this document is confidential and will not be disclosed.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**EMS LIAISON INVESTIGATION****EMS LIAISON CONTACT INFORMATION**

Name:

Telephone Number:

Agency/Employer:

License/Certification #:

Mailing Address:

Liaison Investigation:

**EMS LIAISON RESOLUTION/RECOMMENDATIONS – Only Check One**

- |  |  |
|--|--|
| <input type="checkbox"/> Informational Only – Resolved at the Provider Level | <input type="checkbox"/> Referral to Provider/Hospital Liaison       |
| <input type="checkbox"/> Referral to EMS Agency                              | <input type="checkbox"/> Other, explain on a separate sheet of paper |

I certify that all of the preceding information, which I have provided, is true, correct, and complete to the best of my knowledge. I understand that all information contained within this document is confidential and will not be disclosed.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date