

Kern County Emergency Medical Services Department  
**INVESTIGATION REQUEST FORM**

1. Person Requesting Investigation (include contact information and mailing address):	
2. Incident Date and Time:	
3. Incident Location:	
4. Patient(s) Name:	
5. PCR Number (if available):	
6. Hospital Medical Record Number (if available):	
7. Individuals and Agency Involved in Incident:	
8. Complaint/allegation (attach additional sheets if necessary):	
9. Section Number of ordinance, policy, or procedure that was violated:	

10. Please attach the following if applicable:
<input type="checkbox"/> Copy of PCR <input type="checkbox"/> Patient Outcome
<input type="checkbox"/> Dispatch Tape <input type="checkbox"/> Other Investigation

I believe that the above is accurate and true, and I hereby request that the Kern County EMS Department investigate the incident.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date