



Paramedic Service Feedback Form

Please let us know if you have any comments or concerns.

Name:

Address:

City:

Postal Code:

Phone:

Email:

Date of Call (mmm dd, yyyy):

Time of Call:

Location of Incident (If possible):

Comment/Feedback:

Would you like to be contacted regarding your comment or concern?

Yes

No

The personal information collected on this form is collected under the authority of the Municipal Act and is used for the purpose of receiving comments and concerns. Specific questions relating to the Municipal Freedom of Information and Protection Act can be directed to the Chief Paramedic, County of Dufferin at 519-941-2816 x6000.