



EXCEPTIONAL PERFORMANCE REPORT

(To be completed when exceptional field, or clinical, performance is demonstrated by any EMS personnel.)

Report initiated by: _____ **Today's date:** _____

Your title: _____ **Your email:** _____

Your agency: _____

Address: _____ **City:** _____

Your phone # _____ **Ext:** _____

Exceptional performer

Their name: _____ **Their title:** _____ **Their cert#:** _____

Their agency: _____

Date of the event: _____ **Time of the event:** _____ **Inc #:** _____

Location of the event: _____

Situation (include all pertinent facts)

Why should this performance be considered exceptional?

Did you witness this event yourself? Yes No **If no, please provide a witness' name below:**

Witness name: _____ **Agency:** _____

Signature

