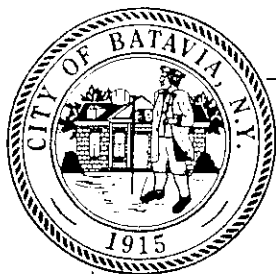


CITY OF BATAVIA

BATAVIA, NEW YORK 14020



Our essential mission is to professionally protect and preserve life, property, and the environment and to minimize loss, suffering, and damage in our community and to our citizens through community partnerships, proactive prevention and education efforts, and high quality and timely response.

MEDICAL DIVISION QUALITY IMPROVEMENT PROGRAM

Use this form to initiate review of a specific event, suggestions for improving operational procedures, and comments and inquiries pertaining to operational procedures.

Reporting Agency (If Applicable) _____

Submitted By _____ **Date** _____

Event Review

Suggestion

Comment/Inquiry

Narrative: For event reviews be specific in relating who, what, where, and when. For suggestions, discuss how your idea will benefit and/or improve operational procedures. Attach additional sheets as necessary.

I am am not requesting a reply. If a reply should be mailed to an address other than the reporting agency, provide a mailing address.

Name _____

Address _____

City/Town/Zip _____