



# Toronto Paramedic Services Professional Standards Unit Comment Form

## Requestor Information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		Email	

## Patient Information

First Name	Last Name
Date of Incident (yyyy-mm-dd)	Time (hh:mm) of the Incident
Location of the Incident	

## Incident Description

Comments or Concerns
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The information collected, used and/or disclosed by the City of Toronto, Toronto Paramedic Services, in connection with this form is collected, utilized, and disclosed as may be required to process your Authorization to Disclose Personal Information, and in accordance with the Toronto Paramedic Services' Information Practices. Copies of the Toronto Paramedic Services' Information Practices are available at Toronto Paramedic Services – Complaints & Compliments – City of Toronto. Questions regarding Toronto Paramedic Services' Information Practices can be addressed to: Commander, Privacy and Clinical Information at Toronto Paramedic Services, 4330 Dufferin Street, Toronto, ON M3H 5R9 or by telephone at 437-212-2547.