Fax: (309) 827-2017

SERVICE EXCELLENCE FORM

| Date:  |
|--|
| Name of Individual or Unit deserving recognition:  |
| <b>Situation:</b> Tell us how this individual or unit provided service above your expectations in the McLean County Area Emergency Medical System. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Submitted By:  |

Please send to EMS Coordinator.