

## EMERGENCY MEDICAL SERVICES COMPLAINT FORM

*This form may be used to file complaints about acts or practices relative to Emergency Medical Services. Please provide as much of the requested information as you are able.*

### **REPORTER/COMPLAINANT CONTACT INFORMATION**

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Person Filing this Report (if different from above): \_\_\_\_\_

Date Complaint Filed: \_\_\_\_\_

*NOTE: If you are filing this report on behalf of an Ambulance Service or Organization, please identify said*

*Organization: \_\_\_\_\_*

*If you are an ambulance service, and this issue meets the definition of "serious incident" as defined in 105 CMR 170.350(B), please complete the "EMS Serious Incident Form," available at the OEMS website, at [www.mass.gov/dph/oems/forms](http://www.mass.gov/dph/oems/forms).*

### **SUBJECT(s) OF COMPLAINT**

(Complete, to the best of your ability, those areas that apply.)

#### **Emergency Medical Technician(s):**

NAME

CERTIFICATION NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **Ambulance Service:**

NAME

LOCATION

\_\_\_\_\_

\_\_\_\_\_

#### **Training Institution:**

NAME

LOCATION

\_\_\_\_\_

\_\_\_\_\_

[illegible]

*If you have no access to email, you may fax or mail the completed form to:*

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