

Complaint Form
For
Emergency Medical Services

Note: Complaints may be filed anonymously, however the Bureau cannot provide a response to you regarding disposition of your complaint or seek additional information without contact information.

Last Name:	First Name:	M.I.:
Address:	Apt:	City:
State:	Zip:	Telephone:
Email Address:		Wish to remain anonymous?

Location of Incident:	Date of Incident:	Time of Incident:
Incident Address:	Apt:	City:
State:	Zip:	Telephone:

EMS Agency / Institution / Education Sponsor

Service / Institution Name:	City:
Service / Institution Name: (If applicable)	City:

EMS Provider Information

Individual Provider, Name	Certification Level (If known):
2 nd Provider (If applicable), Name	Certification Level (If Known):

Notice to Complainant:

Pursuant to Pennsylvania Consolidated Statutes, Title 35 § 8101 through 8157 known as Emergency Medical Services Systems Act, the Department of Health (Department): Bureau of Emergency Medical Services (Bureau) may investigate alleged violations of the Pennsylvania Consolidated Statutes and the rules promulgated thereunder.

Note: If your complaint is determined not to be a violation of the EMS Systems Act and/or Regulations, it may be forwarded to the appropriate agency for quality review purposes.

Description of complaint:

What remedy are you seeking?



By signing this complaint, I attest that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that I am willing to provide a sworn statement and participate in an interview process concerning this complaint.

Signature of Individual filing complaint: <u>X</u> Complainant	Date:
--	-------

<p><i>If printing form, please mail to:</i></p> <p>Pennsylvania Department of Health Bureau of EMS Attn: Regulatory Compliance 625 Forster Street, Room 606 Harrisburg, PA 17120</p>	<p><i>If completing electronically, please email form to :</i></p> <p><i>paemsoffice@pa.gov</i></p>
---	---