



Montgomery County Department of Public Safety

Division of EMS

50 Eagleville Road Norristown, PA 19403 610-631-6500

General Complaint Form

Please fill out the sections applicable to your complaint. If you have any questions, please contact the EMS office by calling the number above or by e-mailing EMSTraining@montcopa.org.

Complainant Information

Note: Complaints may be filed anonymously, however the MCDPS Division of EMS cannot provide a response to you regarding the disposition of your complaint, or perform a thorough investigation, without contact information.

| | | | |
|----------------|---------------------------|-------------|--------|
| Last Name: | | First Name: | |
| Address: | | City: | |
| State: | Zip: | Telephone: | |
| Email Address: | Wish to remain anonymous? | | Yes No |

Incident Information

| | | | |
|-------------------|------|------------|-------|
| Location: | | Date: | Time: |
| Incident Address: | | City: | |
| State: | Zip: | Telephone: | |

EMS Agency / Institution / Education Sponsor

Please complete this section if your complaint is related to a specific agency, institution, or other EMS affiliate.

| | | |
|-----------------------------|------|--------|
| Service / Institution Name: | | |
| Address: | | |
| City: | Zip: | Phone: |

EMS Provider Information

Please complete this section if your complaint involves a provider (or providers).

| |
|----------------------------------|
| 1 st Provider's Name: |
| Certification Level (If Known): |
| 2 nd Provider's Name: |
| Certification Level (If Known): |

Notice to Complainant:

Pursuant to Pennsylvania Consolidated Statutes, Title 35 Subsection 8101 through 8157, known as Emergency Medical Services Act, the Montgomery County Department of Public Safety may, with collaboration and direction by the Department of Health, Bureau of Emergency Medical Services, 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 still be forwarded to the appropriate agency for quality review purposes.

Complaint Specific Information

[Empty box for Complaint Specific Information]

What Remedy are You Seeking?

[Empty box for What Remedy are You Seeking?]

Signature

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:

Date:

X

Complainant

If printing form, please mail to:
Montgomery County Department of Public Safety
Division of EMS

Attn: Regulatory Compliance Officer
50 Eagleville Rd
Norristown, PA 19403

If completing electronically,
please email form to:
emstraining@montcopa.org

If submitting by fax, please fax
form to:
610-631-6536