

Complaint Form  
For  
Emergency Medical Services

**Complainant Information**

**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? No |            |

**Incident Information**

|                       |                   |                   |
|-----------------------|-------------------|-------------------|
| 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:<br>(If applicable) | City: |

**EMS Provider Information**

|  |                                 |
|--|---------------------------------|
| Individual Provider, Name                      | Certification Level (If known): |
| 2 <sup>nd</sup> 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.

**Complaint**

Description of complaint:

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-EMS Division 50  
Eagleville Rd. Norristown Pa.  
19403

***If completing electronically, please email  
form to :***

[emartin@montcopa.org](mailto:emartin@montcopa.org)

Reviewed June 21,2019