

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: (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.

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:

Pennsylvania Department of Health
Bureau of EMS
Attn: Regulatory Compliance
625 Forster Street, Room 606
Harrisburg, PA 17120

If completing electronically, please email form to :

[***paemsoffice@pa.gov***](mailto:paemsoffice@pa.gov)