



Section Use Only
File#
Date Rec:

COMPLAINT FORM

Arkansas Department of Health Section of EMS

Arkansas Department of Health
 5800 West 10th Street Suite 800
 Little Rock, Arkansas 72204-1763
 501-661-2262

**THIS FORM IS TO BE USED FOR EMS SERVICES OR
 PERSONNEL WHO ARE SELF REPORTING A
 VIOLATION OF EMS RULES AND REGULATIONS**

INSTRUCTIONS: (Please type or Print Legibly)

Please furnish all identifying information for the complaint, EMS Professional Name(s), License Numbers, Ambulance Service Name/License Number and any others involved.

Person Making Complaint

First Name:	Last Name:	Middle Initial:
Address (Street):		
City:	State:	Zip:
Home Telephone:	Work Telephone:	

Are you or the EMS Service conducting an Internal Investigation?:

This complaint is being filed against - Service Name and/or Individuals Name(s)

Service Name and License Number: _____

Individuals First Name:	Last Name:	EMT Number:
Address (Street)		
City:	State:	Zip:

Please check your response to the below statements and then sign the form.

I understand that this complaint can be released through the Freedom of Information Act even if the complaint is anonymous. Yes No

The statements that I have made are true and correct to the best of my knowledge. Yes No

Date: _____ Signed: _____

NARRATIVE (Please Type or Print Legibly)

Describe each incident with specific dates and list any witnesses. Attach copies of any documents you have concerning the allegations. Use additional sheets if necessary.