



Section Use Only
File#
Date Rec:

# COMPLAINT FORM

## Arkansas Department of Health Section of EMS

Arkansas Department of Health  
 5800 West 10<sup>th</sup> Street Suite 800  
 Little Rock, Arkansas 72204-1763

**PUBLIC COMPLAINT FORM TO REPORT LICENSED EMS  
 PROFESSIONALS OR AMBULANCE SERVICES**  
 (Completion: Voluntary)

**INSTRUCTIONS: (Please type or Print Legibly)**

Please furnish all identifying information for the complaint, EMS Professional Name(s), Ambulance Service and any others involved. If emailing form to the Section, please send to [helen.huitt@arkansas.gov](mailto:helen.huitt@arkansas.gov), Questions? Please call 501-661-2257

**Person Making Complaint**

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

May we contact you at your place of employment?

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

Service Name:		
Individuals First Name:	Last Name:	Middle Initial:
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: \_\_\_\_\_

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NARRATIVE (Please Type or Print Legibly)

Please describe in detail all allegations against the Service or Emergency Medical Services Professional(s). 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.