



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

EMS COMPLAINT

COMPLAINT AGAINST (EMT, Educational Institution, EMS Instructor)

LAST NAME		FIRST NAME		MI
ADDRESS		CITY	STATE	ZIP CODE
EMT CERTIFICATE NUMBER (If known)	LEVEL OF EMT CERTIFICATION (If known)		TELEPHONE NUMBER EXT.	
EMS OR FIRE AGENCY AFFILIATED		CITY	STATE	ZIP CODE
ADDRESS OF SERVICE		COUNTY	TELEPHONE NUMBER EXT.	

COMPLAINT FILED BY (Must be signed on page 2)

LAST NAME		FIRST NAME		MI	TELEPHONE NUMBER EXT.
ADDRESS		CITY	STATE	ZIP CODE	
LEVEL OF EMT CERTIFICATION (If applicable)	COUNTY	E-MAIL ADDRESS			

DESCRIPTION OF COMPLAINT (Describe event, conduct, behavior or circumstances that you believe to be improper. Please provide as much detail as possible, to include, but not limited to date, time, location, etc.)



