



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

FIRE COMPLAINT

COMPLAINT AGAINST (Firefighter, Fire Instructor, Charter, Fire Safety Inspector)

LAST NAME		FIRST NAME		MI
ADDRESS		CITY	STATE	ZIP CODE
FIRE CERTIFICATE NUMBER (If known)	LEVEL OF FIRE 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 FIRE 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.)

WITNESSES

LAST NAME	FIRST NAME	MI	TELEPHONE NUMBER	EXT.
ADDRESS		CITY	STATE	ZIP CODE
LAST NAME	FIRST NAME	MI	TELEPHONE NUMBER	EXT.
ADDRESS		CITY	STATE	ZIP CODE
LAST NAME	FIRST NAME	MI	TELEPHONE NUMBER	EXT.
ADDRESS		CITY	STATE	ZIP CODE

WHAT REMEDY ARE YOU SEEKING?

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ANONYMOUS COMPLAINTS WILL NOT BE INVESTIGATED.

SIGNATURE OF INDIVIDUAL MAKING COMPLAINT X	DATE
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PLEASE MAIL COMPLETED FORM TO:

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
1970 WEST BROAD STREET
P.O. BOX 182073
COLUMBUS, OH 43218-2073
PHONE: (800) 233-0785 or (614) 466-9447
FAX: (614) 995-7012 or (614) 466-9461