



| Agency Use | |
|----------------|--|
| Form Received: | |
| Complaint # | |

Complaint filed by:

| | | | | | |
|-------------------|--------------|------------|------------------------------|----------------|--|
| Last Name | | First Name | | Middle Initial | |
| Ambulance Service | | | Address (Street or P.O. Box) | | |
| City | | State | Zip Code | Fax Number: | |
| County | Phone Number | | Email Address: | | |

Complaint against: (EMS Provider/Agency, Ambulance Service, Fire Department, EMT, Paramedic, First Responder, Educational Institution, etc.)

| | | | | | |
|---|-------|---|----------------|----------------------|--|
| <u>Name and Cert/License Number:</u> | | <u>Ambulance Service and License Number:</u> | | | |
| Address (Street or P.O. Box) | | | | | |
| City | | State | Zip Code | Fax Number: () - | |
| County | Phone | | Email Address: | | |

Description of Complaint:

(Please describe the event, circumstances, conduct and/or behavior that you believe said individual or service may have violated, or is below professional practice standards or in violation of protocol and regulations)

The Kentucky Board of Emergency Medical Services only has statutory authority to investigate complaints against individuals certified or licensed to practice or provide emergency medical services, and educational institutions that provide EMS training and education.

300 North Main Street, Versailles, KY 40383
 859.256.3565 1-866-97 KBEMS
 Web www.kbems.kctcs.edu www.kctcs.edu

List names, addresses, and phone numbers of witnesses or persons who have knowledge of the event or alleged inappropriate behavior, or may have other relevant information:

| | | | | | |
|------------------|-----------------------|------------|----------------|----------------------|--|
| Last Name | | First Name | | Middle Initial | |
| Address (street) | | | | | |
| City | | State | Zip Code | Fax Number: () - | |
| County | Phone Number () - | | Email Address: | | |
| | | | | | |
| Last Name | | First Name | | Middle Initial | |
| Address (street) | | | | | |
| City | | State | Zip Code | Fax Number: () - | |
| County | Phone Number () - | | Email Address: | | |
| | | | | | |
| Last Name | | First Name | | Middle Initial | |
| Address (street) | | | | | |
| City | | State | Zip Code | Fax Number: () - | |
| County | Phone Number () - | | Email Address: | | |

I affirm that information contained in this report is true and accurate to the best of my knowledge and belief.

| | |
|--|------|
| Signature of individual making Complaint | Date |
| | |

STATE OF KENTUCKY)
COUNTY OF _____)

Subscribed and sworn to before me by _____ on
this the _____ day of _____, 200_
My Commission Expires: _____

Notary Public

Mail Complaint to:
Board of Emergency Medical Services - Legal
KCTCS
300 N. Main Street
Versailles, KY 40383
Fax No. (859) 256-3127

*** THIS FORM MUST BE NOTARIZED. IF IT IS NOT NOTARIZED, IT WILL BE RETURNED TO YOU FOR NOTARY.**