

Virginia Office of EMS Basic Life Support Psychomotor Examination Complaint/Grievance Report Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Candidate: _____ EMS #: _____

Station/Skill: _____ Evaluator: _____

Exam Site: _____ Date: _____

After reviewing and investigating the facts as presented, the official decision pertaining to this issue is as follows:

_____ Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).

_____ Complaint is not valid after consideration of the facts and all results in question stand as reported.

As the Office of EMS Test Examiner, I have reviewed, investigated, and as necessary consulted with pertinent resources the complaint/grievance based upon all facts presented.

Virginia Office of EMS Test Examiner

Printed Name: _____

Signature: _____ Date: _____

As the complainant, I have been informed of the official and final decision on this complaint/grievance.

Signature of Candidate: _____ Date: _____