

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

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

804-888-9120

I have reviewed, investigated and as necessary consulted with appropriate resources the following situation and all related facts as documented below: EMS Number of Complainant : _____

Nature of the Complaint/Grievance:

Summary of the Facts:

After reviewing the complaint/grievance, the official decision is as follows:

Printed Name of Virginia Office of EMS Test Examiner: _____

Signature of Virginia Office of EMS Test Examiner: _____

Consolidated Test Site Location: _____

Date: _____