Training Program Complaint Form

COMPLAINTANT INFORMATION:

Virginia Certification Number: ____________________________ Certification Level: ____________________________

Name

Last Name ____________________________ First Name ____________________________ MI ____________________________

Mailing Address

Number, Street, Apt. ____________________________ City ____________________________ State ____________________________ Zip +4 ____________________________

E-mail Address ____________________________

Home Phone ____________________________ Mobile Phone ____________________________

COMPLAINTANT INFORMATION:

Program Name: ____________________________ Basic ☐ CE ☐ Auxiliary ☐

Location of Program: ____________________________

Course Coordinator/Instructor: ____________________________

Assisting Instructors: 1) ____________________________

2) ____________________________

3) ____________________________

Complete the back of this form with details of your complaint.

OEMS USE ONLY

Agency Referral: Yes ☐ NO ☐

Individual: Yes ☐ NO ☐

Handled by: DED ☐ Reg and Comp. ☐ Admin ☐

Violation: (Cite Statute or Reg.)

Date Received:

Date Reviewed:

Rep Assigned:
Training Program Complaint Form

DETAILS OF COMPLAINT:

STATE YOUR COMPLAINT: Include the sequence of events surrounding your complaint, the names, addresses, and telephone numbers (if available) of witnesses, and copies of documents pertinent to your complaint including: contracts, reports or photographs.

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If additional space is needed, please attach additional sheets.

I have read the above and it is true to the best of my knowledge.

Signature _______________________________ Date _______________________________

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www.vdh.virginia.gov/oems
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