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

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: ____________________________