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: ___________________