Commonwealth of Virginia
Virginia Office of Emergency Medical Services

Virginia Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, Virginia 23059-4500

Phone (804) 888-9100
Fax (804) 371-3409
Toll Free, VA Only 1-800-523-6019

COMPLAINT REPORT FORM

Person Supplying Information

NAME (*FIRST, MIDDLE, LAST*	
BUSINESS NAME (*IF APPLICABLE*)	HOME PHONE
STREET ADDRESS	WORK PHONE
CITY/COUNTY STATE ZIP	E-MAIL ADDRESS

Subject of Report (*EMS AGENCY/TECHNICIAN*)

NAME (*FIRST, MIDDLE, LAST*)	TITLE
BUSINESS NAME (*IF APPLICABLE*)	HOME PHONE
STREET ADDRESS	WORK PHONE
CITY/COUNTY STATE ZIP	VEHICLE UNIT NUMBER

For Departmental Use Only

CASE NUMBER		NATURE						
LICENSE NUMBER	EXP. DATE	POSSIBLE VIOLATION (*CITE STATUTE OR REG*)						
CSRC NO./ADDITIONAL LICENSE	EXP. DATE							
REPORTED TO:		RECEIVED BY						
PRIORITY	INVEST	REGION						
NAME OF AGENCY/TECHNICIAN INVOLVED		LICENSE/CERTIFICATION NUMBER						
DATE OF COMPLETION								

Commonwealth of Virginia
Virginia Office of Emergency Medical Services

Details of Report

State your concern: Provide pertinent information such as: The sequence of events surrounding your concern/complaint, the names of witnesses, date(s) and time(s) and copies of documents regarding your complaint. Please attach additional pages as necessary.

IF AN ATTORNEY IS INVOLVED, COMPLETE THIS SECTION	IF SECOND COMPLAINANT INVOLVED, COMPLETE THIS SECTION
ATTORNEY'S NAME PHONE	NAME PHONE
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

PLEASE RETURN TO:	**I HAVE READ THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE.**
Manager, Regulation and Compliance Virginia Office of EMS 1041 Technology Park Drive Glen Allen, Virginia 23059 - 4500 1-800-523-6019 (Virginia Only)	**SIGNATURE DATE** ----------

Revised: November 18, 2010