



Complaint Form		Office Use Only	
Submit completed, <u>notarized, original</u> Form to:		Form Received	
KBEMS Attn: Legal Counsel 2464 Fortune Drive, Suite 195 Lexington, KY 40509		Complaint #	

Complainant (Person filing complaint)					
Name					
Address					
City		State		Zip	
Phone		Fax		County	
Ambulance Service			Email Address		
Respondent (Person or Agency the complaint is against)					
<input type="checkbox"/>	EMS Agency (Provider)	<input type="checkbox"/>	Ambulance Service	<input type="checkbox"/>	Fire Department
<input type="checkbox"/>	First Responder	<input type="checkbox"/>	Emergency Medical Technician (EMT)	<input type="checkbox"/>	Advanced EMT
<input type="checkbox"/>	Paramedic	<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	Other
EMS Responder or Agency				License/Certification #	
Address					
City		State		Zip	
Phone		Fax		County	
Description of Complaint:					
Please describe the event, circumstances, conduct, and/or behavior that you believe said individual or service may have violated, or is below professional practice standards or in violation of protocol or regulations.					
The Kentucky Board of Emergency Medical Services only has statutory authority to investigate complaints against individuals certified or licensed to practice or provide emergency medical services, and educational institutions that provide EMS training and education.					



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Witnesses

List names, addresses, and phone numbers of witnesses or persons who have knowledge of the event or alleged inappropriate behavior, or may have other relevant information.

Contact #1				
Name		Email Address		
Address				
City		State		Zip
Phone		Fax		County
Contact #2				
Name		Email Address		
Address				
City		State		Zip
Phone		Fax		County
Contact #3				
Name		Email Address		
Address				
City		State		Zip
Phone		Fax		County

Signature

I affirm that information contained in this report is true and accurate to the best of my knowledge and belief.

Signature of Complainant	Date

Notarization

State of Kentucky, County of _____. Subscribed and sworn to before me by _____ on this the ____ day of _____, 20__. My commission expires: _____ _____ Notary Public	Affix Seal
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- KRS 311A.055 (3) Each complaint shall: (f) be notarized.
- KRS 311A.055 (4) A complaint which is unsigned shall not be acted upon by the executive director. A complaint which is not subscribed and sworn in the manner specified in subsection (3) of KRS 311A.055 shall be returned to the complainant for completion.