



Complaint Form		Office Use Only	
Submit completed, <u>original</u> Form to:		Form Received	
KBEMS		Complaint #	
Attn: Legal Counsel			
500 Mero St, 5th Floor, 5 SE #36			
Frankfort, KY 40601			

Complainant (Person filing complaint)

Name					
Address					
City		State		Zip	
Phone		Fax		County	
Ambulance Service			Email Address		

Respondent (Person the complaint is against)

<input type="checkbox"/> Emergency Medical Responder (EMR)	<input type="checkbox"/> Emergency Medical Technician (EMT)	<input type="checkbox"/> Advanced EMT
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Educational Institution	

EMS Responder			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 may have violated, or is below professional practice standards or in violation of protocol or regulations.

Signature

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

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Signature of Complainant

Date

The Kentucky Board of Emergency Medical Services only has statutory authority to investigate complaints against individuals, not services/agencies, certified or licensed to practice or provide emergency medical services, and educational institutions that provide EMS training and education.