

### EMERGENCY MEDICAL SERVICES COMPLAINT

This form is required for those individuals interested in filing a complaint against a licensed emergency medical services personnel, service, or EMS training center. If you believe a violation of Wis. Stat. ch. 256 or Wis. Admin. Code ch. DHS110 has occurred you may complete this form and submit to the Wisconsin EMS Section for investigation and disposition. Return this completed form and necessary attachments via email to [DHSEMSINV@dhs.wisconsin.gov](mailto:DHSEMSINV@dhs.wisconsin.gov) or via USPS to: Complaints & Investigations, WI EMS Section, 1 W Wilson St., P O Box 2659, Madison, WI 53701-2659.

#### COMPLAINT AGAINST

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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**Ambulance Service Name / Training Center Name**

**Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<b>Telephone Number</b>
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<b>License Number (If Known)</b>	<b>License Level (If Known)</b>
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#### FILED BY

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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**Company Name**

**Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<b>Telephone Number</b>
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#### RELATIONSHIP TO PATIENT

- Self    Parent    Son / Daughter    Legal guardian (Provide court documents)    Spouse  
 Brother / Sister    Friend    Other (Please specify)

**Please note: If other than patient or parent of minor patient, please provide documentation indicating appointment of legal authority / guardianship.**

#### NATURE OF COMPLAINT (Check all that apply)

- Quality of care    Insurance fraud    Sexual abuse, harassment or contact  
 Criminal Conviction    Substance abuse    Drug diversion    Run report falsification  
 Patient abandonment/neglect    Unlicensed practice    Other than listed (Please specify)

**Please note: If other than patient or parent of minor patient, please provide documentation indicating appointment of legal authority / guardianship.**

**Have you attempted to contact the EMS provider concerning your complaint?**

- Yes    No   Date

What was their response to your complaint?

**Would you be willing to testify if this matter goes to formal hearing?**    Yes    No

**WITNESS 1**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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**Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<b>Telephone Number</b>
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**WITNESS 2**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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**Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<b>Telephone Number</b>
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**WITNESS 3**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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**Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<b>Telephone Number</b>
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**WITNESS 4**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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**Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<b>Telephone Number</b>
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**WITNESS 5**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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**Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<b>Telephone Number</b>
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**COMPLAINT**

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In the space below, please provide the pertinent information regarding the complaint. Provide names, dates, times, places, and as much detail as possible of the event.

**What remedy / result are you seeking / expecting? Please describe below:**

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**By submitting this application you are affirming that all statements you have made in this document are true. You understand that the EMS Section has the right to determine what action will be taken and if a full investigation is warranted.**

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Name and / or Signature of Person filing complaint	Date

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**SEND FORM VIA EMAIL:**

[DHSEMSINV@dhs.wisconsin.gov](mailto:DHSEMSINV@dhs.wisconsin.gov)

**OR**

**Form May Be Mailed To:**

Complaints & Investigations  
WI EMS Section  
1 W Wilson St  
PO Box 2659  
Madison, WI, 53701-2659