



Riverside County Emergency Medical Services Agency  
Discipline and Enforcement  
Complaint & Investigation Reporting Form

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM:

Name:				
Address:				
	Street	City	State	Zip
Email:	Phone:			

SERVICE PROVIDER YOU ARE FILING A COMPLAINT / INVESTIGATION REQUEST AGAINST:

Name:				
If an individual, First and Last name. If a service provider agency, Service Provider Name				
Address:				
	Street	City	State	Zip
License #	<input type="text"/>	This provider is a/an:	EMT <input type="text"/>	Paramedic <input type="text"/>
If known and if an individual		I don't know <input type="text"/>		

WHAT IS THE NATURE OF YOUR COMPLAINT / REASON FOR INVESTIGATION REQUEST?

\*Check all that apply

Quality of care (i.e., incompetence, gross negligence and/or patient abandonment)	Substance abuse	Drug diversion
Fraud in the procurement of a credential	Fraud, Other: (i.e., insurance, time theft, intentionally providing a false statement, etc.)	Practicing on an expired credential
Criminal conviction: misdemeanor or felony	Sexual abuse, harassment, or contact	Intentional ePCR falsification
Other problem, not listed:		

Where did the incident occur?	Residence	Facility	In public	Roadway
	Patient	Employer	Other	
	Compartment	property		
When did the incident occur?	If multiple occurrences, please provide the date range:			

Has this individual been remediated / disciplined for similar incidents before? No  Yes  If YES, provide dates, actions, and outcomes below:



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**Have you made an attempt to contact the EMS provider\* directly regarding this complaint?**

\*If the subject of this complaint / request for investigation is an individual, the EMS Provider would be their employer agency.

No	Yes	If yes, date: _____	EMS Provider response: _____
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**IF YOU ARE FILING ON BEHALF OF ANOTHER PARTY, PLEASE PROVIDE THEIR INFORMATION BELOW:**

Name:				
Address:				
	Street	City	State	Zip
Email:			Phone:	

**YOUR RELATIONSHIP TO THE OTHER PARTY:**

Parent	Child	Spouse	Sibling
Other relative	Friend	Witness	Other:

**COMPLAINT NARRATIVE:**

Please give full details of your complaint / report; include facts, details, dates, locations, etc. Additional pages may be attached, if necessary.

I certify that all information provided in this complaint is true and correct to the best of my knowledge.

Signature		Today's date
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