Idaho EMS Bureau
Investigations Complaint Intake Form

IDAPA 16.01.12.100 Complaint Submitted When a Violation is Suspected: Complaints must be submitted in writing on a complaint intake form found online at http://www.idahoems.org. (7-1-11)

Complete all fields that are known and applicable.
Use a separate form for each person/organization.

Complaint Against: ☐ EMS Provider ☐ EMS Agency ☐ EMS Instructor ☐ Training Institution

EMS PROVIDER or INSTRUCTOR

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

EMS License No. _____ License Level ☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic

EMS Agency Affiliation _____ Other Contact Information _____

EMS AGENCY or TRAINING INSTITUTION

Agency or Institution Name _____

Address _____ City _____ State _____ Zip _____

Administrator Name _____ Other Contact Information _____

COMPLAINT FILED BY (Optional. Note: Anonymity may hinder the investigation process.)

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone Numbers _____

When complete, send form to the EMS Bureau: EMSInvestigations@dhw.idaho.gov, or fax or mail to address below.

Print Form | Submit by Email

Continue on next page for complaint description

Idaho EMS Bureau * P.O. Box 83720 * Boise * Idaho * 83720
www.idahoems.org * Phone: 208.334.4000 * Toll Free: 1.877.554.3367 * Fax: 208.334.4015
EMSInvestigations@dhw.idaho.gov

Describe event, conduct, behavior or circumstances that you believe to be improper. Please provide as much detail as possible, to include, but not limited to name(s), date, time, location, witness(es), etc.
(Submission information on previous page.)