



Office Use Only  
Date Rec:

# COMPLAINT FORM

## Arkansas Department of Health Section of EMS

Arkansas Department of Health  
5800 West 10<sup>th</sup> Street Suite 800  
Little Rock, Arkansas 72204-1763  
501-661-2262

**PUBLIC COMPLAINT FORM TO REPORT LICENSED  
EMS PROFESSIONALS OR AMBULANCE SERVICES**  
(Completion: Voluntary)

**INSTRUCTIONS: (Please type or Print Legibly)**

Please furnish all identifying information for the complaint, EMS Professional Name(s), License Numbers, Ambulance Service Name/License Number and any others involved.

**Person Making Complaint**

First Name: Last Name: Middle Initial:

Address (Street): Email:

City: State: Zip:

Home Telephone: Work Telephone:

Are you or the EMS Service conducting an Internal Investigation?

**This complaint is being filed against - Service Name and/or Individuals Name(s)**

Service Name and License Number:

Individuals First Name: Last Name: EMT Number:

Address (Street)

City: State: Zip:

Please check your response to the below statements and then sign the form.

I understand that this complaint can be released through the Freedom of Information Act even if the complaint is anonymous. Yes No

The statements that I have made are true and correct to the best of my knowledge. Yes No

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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NARRATIVE (Please Type or Print Legibly)

Describe each incident with specific dates and list any witnesses. Attach copies of any documents you have concerning the allegations. Use additional sheets if necessary. ***Should you want to be notified when the complaint is considered closed, please send email request according to Freedom of Information Act a copy of the Final Letter via fax (501-280-4901 or email to [amanda.white@arkansas.gov](mailto:amanda.white@arkansas.gov).***