**APPENDIX B**

**Alabama Department of Public Health, Office of EMS**

**COMPLAINT FORM**

|  |  |
| --- | --- |
| **COMPLAINT AGAINST:**   |  |
| **PROVIDER:**   | **COUNTY:**  |  |
| **DATE OF INCIDENT:**   | **TIME:**  |  |
| **LOCATION:**   |  |
| **RULE OR PROTOCOL VIOLATION, if applicable:**   |  |
| **ISSUE:**  |  |
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| **WITNESS:**   | **EMAIL:**  | **PHONE:**  |
| **WITNESS:**   | **EMAIL:**  | **PHONE:**  |

**By signing I affirm that all information on this form is correct and complete to the best of my knowledge.**

**PRINT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:**

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 Check if you would like the Alabama Department of Public Health, Office of EMS, to keep your information confidential.

If you have any questions, please call the OEMS at 334-206-5383

Forms can be faxed (334-206-0364) or emailed to Vickie Turner (Vickie.Turner@adph.state.al.us)