

Colorado Department of Public Health and Environment
Health Facilities and Emergency Medical Services Section

COMPLAINT FORM

Use this form to file complaints about acts or practices relative to state- certified Emergency Medical Services (EMS) Providers, Air Ambulance Services and/or designated Trauma Centers. Please provide as much of the requested information as possible. The more information provided, the greater the opportunity the Department has to accurately and expeditiously reach a conclusion. Please be aware that all information provided is kept confidential and complainant information is requested in the event that an investigator needs to clarify information given or complete follow-up questioning.

Name of Complainant: _____

Address: _____

Telephone: _____

Email Address: _____

SUBJECT(S) OF COMPLAINT

NAME OF EMS PROVIDER, AIR AMBULANCE SERVICE, OR TRAUMA CENTER

COMPLAINT INCIDENT DATE/LOCATION

DESCRIPTION OF COMPLAINT

Please describe your complaint in detail. Include as much factual information as possible, to include any known relevant dates, times, witnesses, events, and any corrective actions that have been taken. Please attempt to include the “who, what, where, when, and how.” Additionally, attach any supporting documentation relevant to the complaint. Examples of supporting documentation include (but are not limited to) Patient Care Reports, Trip Reports, Police Reports, etc.

Additional sheets may be used as needed. Please ensure any additional sheets have the complainant’s name listed at the top of the sheet.

This form may be mailed to Colorado Department of Public Health and Environment, ATTN: HFEMSD-A2/Investigations, 4300 Cherry Creek Drive South, Denver, CO 80246. You may also fax this form to (303)691-7720 or email a copy to cdpheEMTSComplaints@cdphe.state.co.us with the word “COMPLAINT” in the subject line of the email.

