



Arapahoe County 13101 E Broncos Parkway Centennial, CO 80112 720-874-3804



City and County of Broomfield 100 Spader Way Broomfield, CO 80020 720-887-2220





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Douglas County 4000 Justice Way Castle Rock, CO 80109 303-660-7589



Elbert County P.O. Box 295 Kiowa, CO 80117 303-805-6131



Jefferson County 645 Parfet St Lakewood, CO 80215 303-271-8398



Ambulance Inspection and Licensing Program Complaint Form

Date and time of Complaint:/ Time:
Do you request to remain anonymous? 0 Yes No
*Inform complainant that if complaint is regarding patient care, anonymity is not possible.
Complaintant's information
Name:
Address:
Phone:
Calling on behalf of: Self Someone else
If for someone else, who?
What is their relationship to you?
Basis of complaint: Quality of Care Response time Emergency medical personnel Medical Director Other:
What prompted this complaint? (what happned?) Include additional pages if





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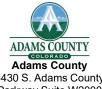
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If so, who did you speak with?

Ambulance Inspection and Licensing Program Complaint Form

What is the name of the Ambulance Service?
When did the event(s) of concern happen? Date:// Time:(a.m./p.m.) Is the problem ongoing? Yes No Is the position serious as a result of the incident(s)?
Is the patient still receiving care as a result of the incident(s)? Yes No What is the patient's condition now?
Was anyone else involved in the incident(s), such as other staff, volunteers, family friends, other patients, law enforcement, fire personnel, physicians, or bystanders 0 Yes 0 No
Were there any witnesses to the incident(s)? 0 Yes No
If there were witnesses, who were they?
Have you taken any actions? 0 Yes 0 No
If so, what actions have been taken? _
Did you speak with anyone from the ambulance service? 0 Yes 0 No





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Has the ambulance service tried to address the situation?

0 Yes 0 No

If so, what has been done, if anything?

Are any law enforcement agencies involved? 0 Yes 0 No

Do you know if the incidents have happened before? 0 Yes 0 No

If so, please explain:

May we contact you again if further questions arise? 0 Yes 0 No





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OFFICE USE ONLY

Complaint information taken by (please print):
Signature:
Comments:
Notifications:
Medical Director notified in writing. Date sent:/
Date due back to the County//
CDPHE notified (if EMT or Medical Director complaint). Date sent:/
Other Counties notified. Date sent:/
(please select): Adams Arapahoe Broomfield Douglas Elbert Jefferson Other
MH RETAC / FRETAC - Date sent:/
Law Enforcement notified if required. Date sent:/
Law Enforcement Agency notified:
Resolution:
Medical Director investigation and resolution documentation received on Date:/
Case closed on/Closed by (please print):
Signature:

