



# Ambulance Inspection and Licensing Program Complaint Form



**ADAMS COUNTY**  
COLORADO

**Adams County**  
4430 S. Adams County  
Parkway Suite W2000  
Brighton, CO 80601  
720-523-6198



**ARAPAHOE COUNTY**  
COLORADO'S FIRST

**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



**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

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.

## Complainant'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 happened?) Include additional pages if necessary



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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 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

If so, who did you speak with?



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Has the ambulance service tried to address the situation?  Yes  No

If so, what has been done, if anything?



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Are any law enforcement agencies involved?  Yes  No

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

If so, please explain:



**City and County of Broomfield**

100 Spader Way  
Broomfield, CO 80020  
720-887-2220

Are any law enforcement agencies involved?  Yes  No

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

If so, please explain:



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Are any law enforcement agencies involved?  Yes  No

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

If so, please explain:



**Elbert County**

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Kiowa, CO 80117  
303-805-6131

Are any law enforcement agencies involved?  Yes  No

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

If so, please explain:

**JEFFERSON**  
COUNTY COLORADO  
Public Health

**Jefferson County**

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

May we contact you again if further questions arise?  Yes  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: \_\_\_\_\_



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**SUBMIT**