Pennsylvania
Department of Health

EMS Complaint Form

To report potential violations involving EMS Agencies, EMS Providers, EMS Vehicle Operators (EMSVO), Education Institutes, and Medical Command Facilities

COMPLAINANT INFORMATION

Do you wish to remain anonymous? ☐ *No* ☐ *Yes (if Yes, skip this section)*

First Name:	MI:	Last Name:
Address:		
City:	State:	Zip Code:
Email Address:	Phone:	

SUBJECT(S) OF COMPLAINT

**List all applicable parties*

Provider Name:	Cert Level (*if known*):
Provider Name:	Cert Level (*if known*):
Provider Name:	Cert Level (*if known*):
Agency/Institute:	City:
Agency/Institute:	City:

INCIDENT INFORMATION

Date of Incident:	Time of Incident:	
Incident Address:		
City:	State:	Zip Code:

NOTICES

Pursuant to Pa. C.S. Title 35 § 8108 through 8157, known as the Emergency Medical Services System Act, the Department of Health (Department), Bureau of Emergency Medical Services (Bureau) may investigate alleged violations of the Pennsylvania Consolidated Statutes, and the Rules and Regulations promulgated thereunder. While there is a limited scope where discipline against a regulated entity can be enforced, we review each complaint to determine potential violations of the EMS System Act and/or Rules and Regulations. Should your complaint be determined not to be a violation of the EMS System Act and/or Regulations, it may be forwarded to the appropriate agency for quality review purposes.

Please note that investigations by this office are confidential and privileged and are exempt from disclosure under the Right-to-Know Law (See 65 P.S. § 67.708). If this matter is closed without the initiation of formal disciplinary action, this office is prohibited from providing you with any additional information regarding the specific concerns which caused the file to be opened, the evidence gathered during our review and investigation, or the specific reasoning that led to this office's decision. Be sure to keep copies of all documents forwarded to the Commonwealth as confidentiality statutes may prevent us from returning these items to you. Additionally, access to this information may be restricted while the file is under investigation. By submitting this complaint, you acknowledge that you understand that statements in this complaint are made subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

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COMPLAINT

SIGNATURE

Signature of Complainant:	Date:

By signing this complaint, I attest that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that I am willing to provide a sworn statement and participate in an interview process concerning this complaint.

If completed electronically, please send completed form to:	**If printing and mailing, send to:**
PAEMSOffice@pa.gov or via fax to (717) 346-0643	PA Dept. of Health, Bureau of EMS Attn: Regulatory Compliance 1310 Elmerton Ave. Harrisburg, PA 17110