NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Trauma Systems

EMS Complaint Form

INSTRUCTIONS

The New York State Department of Health Bureau of Emergency Medical Services reviews and investigates complaints against individuals and agencies within the EMS system, in accordance with Article 30 of NYS Public Health Law and 10NYCRR Part 800. A complaint may be made against any New York State certified EMS agency, EMS provider, EMS course sponsor, instructor or entity conducting a public function in accordance with New York Sanitary Code Part 18. **Important note: The Bureau of Emergency Medical Services does not have jurisdiction over EMS billing practices and therefore does not investigate billing complaints.**

To the extent possible, each complaint received will be kept confidential. However, in order to investigate your complaint appropriately, it may be necessary to contact you. Providing your personal information will allow Bureau of EMS staff to contact you if necessary. Additionally, it may be necessary for Bureau of EMS staff to speak with, or receive statements from, witnesses, medical staff, or other involved parties.

To file a complaint, please complete this form and mail or fax it to:

NYS DOH Bureau of EMS
Complaint & Investigations Unit
875 Central Avenue
Albany, NY 12206

OR (518) 402-0985

In order to process your complaint in a timely manner, please:

- **Type or Print clearly**
- **Complete form in its entirety, including your contact information**
- **Include any names, organizations, and phone numbers with whom you have already filed a complaint**
- **Attach documents that support your concern**

CONTACT INFORMATION

First Name: _____ Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: ( ) – Alternative Phone: ( ) –

E-Mail Address: _____

How are you related to the patient (if applicable)? _____

PATIENT INFORMATION (Required for patient care complaints)

Last Name: _____ First Name: _____

COMPLAINT INFORMATION

Date on which your concern occurred: _____

Name of EMS Agency: _____

Name of EMS Provider(s) (if known): _____

Was law enforcement involved? ☐ No ☐ Yes

If yes, name of law enforcement agency: _____
(Please attach any reports filed)

Have you filed a complaint with the EMS agency or provider? ☐ No ☐ Yes
(Please attach any correspondences)

Have you filed a complaint with anyone else? ☐ No ☐ Yes

If yes, with whom: _____

Was your concern resolved? ☐ No ☐ Yes

Are other patients affected by your concern? ☐ No ☐ Yes

Please list any witnesses

Name: _____ Phone: ( ) –

Name: _____ Phone: ( ) –

Name: _____ Phone: ( ) –

Please describe your complaint in detail. Use additional pages as necessary.