



BEDFORD COUNTY
EMERGENCY MEDICAL SERVICE



Complaint Form

Please complete and submit this form. You may also mail this form to Bedford County EMS in a sealed envelope addressed to EMS Director, 119 Frank Martin Rd, Shelbyville, Tennessee 37160. If you do not know the information for a particular blank, please leave it empty. You may be contacted at a later date for additional information.

COMPLAINANT INFORMATION:

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____

E-Mail: _____

INCIDENT INFORMATION:

Date: _____ Day: _____

Address: _____ Time: _____

City, State, Zip: _____

Reason for Employee Contact: _____

Nature of Complaint: _____

Remedy Sought: _____

EMPLOYEE INFORMATION:

Last Name: _____ First Name: _____

Title / Rank: _____ Race: _____ Gender: _____

Other Involved Employee: _____

Other Involved Employee: _____

WITNESS INFORMATION:

WITNESS #1

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____

E-Mail: _____

WITNESS #2

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____

E-Mail: _____

WITNESS #3

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____

E-Mail: _____

COMPLAINANT STATEMENT:

INSTRUCTIONS: Please describe below in detail the incident about which you wish to complain. Be specific about persons involved and their actions. Use as many pages of the statement form as needed and remember to sign and date the last page.

STATEMENT:

End

NOTE: Complainants signing this government document are swearing and attesting that the information contained herein is true and accurate.

COMPLAINT MADE BY

DATE