



Michigan Department of Health and Human Services  
Bureau of EMS, Trauma and Preparedness  
PO Box 30207  
Lansing, Michigan 48909-0207  
517-241-3025 Phone  
517-335-9434 Fax

[MDHHS-BETP-EMS-Complaints@michigan.gov](mailto:MDHHS-BETP-EMS-Complaints@michigan.gov)

### Allegation / Complaint Form

Authority: P.A. 368 of 1978, as amended; Completion: Voluntary

I wish to file a complaint against the individual / entity named below. I understand that the department does not assist citizens seeking return of their money or other personal remedies. I am, however, submitting this information so that it may be determined if licensing action should be considered.

**Instructions:** Print legibly or type information. Complete all sections of this form and sign at the bottom. You may submit this form and any attachments by email, fax, or mail to the department. Please retain a copy for your records.

**Please be advised that your name may be released as the complainant if a Freedom of Information Act (FOIA) is requested. You may submit allegations anonymously; however, the department may not have the capability to investigate to the fullest extent.**

#### COMPLAINT FILED BY:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Are you submitting this  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ complaint anonymously?  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Yes No  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
**Was a patient involved?** Yes No Incident Date: \_\_\_\_\_  
**If yes:** Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

#### COMPLAINT FILED AGAINST:

This allegation / complaint is being filed against the following: **Check all that apply.**

EMS Provider	EMS Instructor-Coordinator	Medical Control Authority
EMS Agency	EMS Education Program	Other

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Agency: \_\_\_\_\_ License #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Is there court action pending for this incident? Yes No

**Your Attorney, if applicable:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**DESCRIPTION OF COMPLAINT:**

Please describe the incident, circumstances, conduct and/or behavior that you believe may be a violation **with as much detail as possible:**

**SIGNATURE:**

I affirm that all statements I have made on this form are true and accurate to the best of my knowledge and my electronic signature is considered my personal signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. People with disabilities, visual, hearing and/or other assistance should indicate such needs. An effort will be made to provide the accommodation requested. Individuals with disabilities needing this communication in an alternative format should contact The Bureau of EMS, Trauma and Preparedness at 517-241-3025 (voice) or [BabbN@Michigan.gov](mailto:BabbN@Michigan.gov) (email).