Training Program Complaint Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

COMPLAINTANT INFORMATION:

Virginia Certification Number: _____ Certification Level: _____

Name

_____ _____ _____
Last Name First Name MI

Mailing Address

_____ _____ _____ _____
Number, Street, Apt. City State Zip +4

E-mail Address _____

Home Phone _____ Mobile Phone _____

COMPLAINTANT INFORMATION:

Program Name: _____ ☐ Basic ☐ CE ☐ Auxiliary

Location of Program: _____

Course Coordinator/Instructor: _____

Assisting Instructors: 1) _____

2) _____

3) _____

Complete the back of this form with details of your complaint.

OEMS USE ONLY

Agency Referral: Yes ☐ NO☐		Violation: (Cite Statute or Reg.)
Individual: Yes ☐ NO☐		
Handled by: DED ☐ Reg and Comp. ☐ Admin ☐		
Date Received:		
Date Reviewed:		
Rep Assigned:		

Virginia Office of Emergency Medical Services
www.vdh.virginia.gov/oems
EMS.TR.30
Revised: January 2011

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DETAILS OF COMPLAINT:

STATE YOUR COMPLAINT: Include the sequence of events surrounding your complaint, the names, addresses, and telephone numbers (if available) of witnesses, and copies of documents pertinent to your complaint including: contracts, reports or photographs.

If additional space is needed, please attach additional sheets.

I have read the above and it is true to the best of my knowledge.

Signature _____ Date _____

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