



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court Prattville, AL 36066

Mail to: Office of EMS, P.O. Box 303017 Montgomery, AL 36130-3017



Complaint Form

(Please Attach Additional Documentation As Needed)

Complaint Against

Complaint Against: _____

- Provider Service
- Individual
- Provider and Individual

Incident Description

Date Incident: _____ Time of Incident: _____

City of Incident: _____ County of Incident: _____

Location of Incident: _____

Rule or Protocol Violation (if applicable): _____

Description of Incident:

Witness: _____ Phone Number: _____ Email: _____

Witness: _____ Phone Number: _____ Email: _____

Complainant: _____ Phone Number: _____ Email: _____

Complainant Address: _____

Complainant Involvement: Patient Family Member Co-Worker Other Healthcare Provider Other _____

Complainant Signature

By signing I affirm that all information on this form is correct and complete to the best of my knowledge. **A lack of signature will render this form invalid.**

Signature _____

Date _____

Contact Us

Phone: (334)290-3088

Fax: (334)206-0364

Email: steven.stringer@adph.state.al.us