



Ambulance Inspection and Licensing Complaint Form

Date and time of complaint: _____/_____/_____ Time: _____ a.m/p.m

Do you request to remain anonymous? Yes No

**Please note that if your complaint is regarding patient care, anonymity is not possible.

All complaints filed against an ambulance service may be subject to the Colorado Open Records Act and subject to public disclosure.

Your information:

Name: _____

Address: _____

Contact information: _____(phone) _____(email)

Is the complaint on behalf of: Yourself Someone else

If for someone else, who? _____

What is their relationship to you? _____

Basis of complaint: Quality of care Response time

Emergency medical personnel Medical Director Other:

What prompted this complaint? Please describe what happened and include additional pages if necessary.

What is the name of the ambulance service? _____

When did the event(s) of concern occur? Date: _____/_____/_____

Time: _____ (a.m.) (p.m.)

Is the problem ongoing? Yes No

Is the patient still receiving care as a result of the incident(s)? Yes No

What is the patient's condition now?

Was anyone else involved in the incident? (i.e. other staff, volunteers, family, friends, other patients, law enforcement, fire personnel, physicians or bystanders) Yes No

Were there any witnesses to the incident(s)? Yes No

If there were witnesses, who were they?

Do you have any evidence of the incident? (i.e. pictures, video or audio recordings)

Yes No

If yes, are you willing to provide these as part of the investigation into the incident?

Yes No

Have you taken any additional actions? Yes No

If yes, what actions have you taken?

Have you spoken with anyone from the ambulance service? Yes No

If yes, who did you speak with?

Has the ambulance service tried to address the situation? Yes No

If yes, what has been done?

Are there any law enforcement agencies involved? Yes No

Please name the law enforcement agency/agencies involved:

May we contact you again if further questions arise? Yes No

Please specify your preferred method of contact:

Email Phone

If you have questions regarding this form or about the process, please contact Las Animas County Licensing Coordinator at paula.lucero@lasanimascounty.org or (719) 845-2568.