



White Oak EMS Complaint Form

Instructions: This form must be completed, notarized, and mailed to/dropped off at: White Oak EMS, 2800 State Street, White Oak, PA 15131.

Complainant Information

Last Name:	First Name:	M.I.:
Address:	Apt:	City:
State:	Zip:	Telephone:
Email Address:		

Incident Information

Location of Incident:	Date of Incident:	Time of Incident:
Incident Address:	Apt:	City:
State:	Zip:	Telephone:

EMS Provider Information

Individual Provider, Name	Certification Level (If known):
2 nd Provider (If applicable), Name	Certification Level (If Known):

Complaint

Description of Complaint:

What remedy are you seeking?

By signing this complaint, I attest that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that I am willing to provide a sworn statement and participate in an interview process concerning this complaint.

Signature of Individual filing complaint:

Date:

X

Complainant

Signature of Notary Public:

Date:

X

Notary Public