



**BUREAU OF EMERGENCY MEDICAL SERVICES**  
**Investigative Services**  
**COMPLAINT FORM**

Please Return To: Bureau of Emergency Medical Services  
c/o Investigations Unit  
4052 Bald Cypress Way, Bin C-18  
Tallahassee, FL 32399-1738

**HOW TO FILE A COMPLAINT/REPORT AGAINST EMS TRAINING  
CENTERS/COLLEGES OR SERVICE PROVIDER:**

The Department of Health Bureau of Emergency Medical Services is responsible for investigating complaints/reports involving service providers and training centers.

To file a complaint/report, complete and sign this form providing dates and details about your complaint. *Be specific and include copies of pertinent medical records, correspondence, contracts, and any other documents that will help support your complaint. The Authorization for Release of Patient Information form included on page 4 must be completed and signed to process your complaint as a health care practitioner cannot even disclose that you are his/her patient without this authorization.* Your signature must be witnessed or notarized. The Department will acknowledge receipt of your complaint/report by letter. If the allegations contained in your complaint/report are determined to be possible violations of applicable laws and rules, your complaint will be assigned for investigation.

If you have questions about the complaint process, contact the Bureau of EMS Investigations Unit at (850) 245-4440.

**ISSUES WHICH ARE NOT WITHIN THE AUTHORITY OF THE DEPARTMENT  
INCLUDE:**

- ❖ **Fee or billing disputes** (i.e., the amount a physician charges for services).
- ❖ **Rudeness or personality conflicts** (such as the physician or his office staff's attitude or professionalism).

**Health care practitioners are regulated by professional boards under the purview of the Department of Health and the action which may be taken by these professional boards is administrative in nature, e.g., reprimand, fine, restriction of practice, refund of fees billed and collected from the patient or a third party on behalf of the patient, remedial education, administrative cost, probation, license suspension or license revocation. The Department cannot represent you in civil matters to recover fees paid or seek remedies for injuries. You may wish to consult a private attorney regarding these matters. The Department of Health is not a law enforcement agency. If you believe this complaint may be a crime, please report it to your local law enforcement agency immediately.**



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

**COMPLAINANT/REPORTER:**

Your Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ (work)

**SUBJECT OF COMPLAINT/REPORT:**

Practitioner's Name/ Provider's Name:

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_

Profession: \_\_\_\_\_ (i.e., EMT, Paramedic, ALS, BLS, AIR or Training Center)

License #: \_\_\_\_\_

Name of Patient if other than yourself \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_

**Relationship of Complainant to Patient:**

Self  Parent  Son/Daughter  Legal Guardian/provide court documents  Spouse

Brother/Sister  Friend  Other Physician \_\_\_\_\_

Other \_\_\_\_\_

**\*\*\*NOTE: If other than patient or parent of a minor patient, please provide documentation indicating appointment of Legal Authority/Guardianship.\*\*\***

**Nature of Complaint/Report (check all that apply)**

- Quality of care
- Operating without a license
- Failure to provide true information
- Insurance fraud
- Failure to report
- Operating beyond scope of license
- Advertising violation
- Misfilled/mislabeled prescription
- Failure to release patient records
- Patient abandonment/neglect
- Employing a non-Florida certified EMT/Paramedic
- Problem other than listed above

Have you attempted to contact the provider concerning your complaint?  Yes  No

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

Would you be willing to testify if this matter goes to a formal hearing?  Yes  No

If the incident complained of involved criminal conduct, you should contact your local law enforcement authority.

Have you contacted your local law enforcement authority?  Yes  No

If yes, state the name of the person or office that you contacted. \_\_\_\_\_

When did you make this contact? \_\_\_\_\_

Please give case number if available. \_\_\_\_\_



