



ADAMS COUNTY
COLORADO

Adams County

4430 S. Adams County Parkway
Suite W2000
Brighton, CO 80601
720-523-6198



ARAPAHOE COUNTY
COLORADO'S FIRST

Arapahoe County

13101 E Broncos Parkway
Centennial, CO 80112
720-874-3804



Boulder County

5600 Flatiron Pkwy
Boulder, CO 80301
303-441-3625



City and County of Broomfield

100 Spader Way
Broomfield, CO 80020
720-887-2220



Douglas County

4000 Justice Way
Castle Rock, CO
303-660-7589



Elbert County

P.O. Box 295
Kiowa, CO 80117
303-805-6131



Jefferson County

645 Parfet St
Lakewood, CO 80215
303-271-8398



Ambulance Inspection and Licensing Program Complaint Form

Date and time of Complaint: _____/_____/_____ Time: _____

Do you request to remain anonymous? 0 Yes No

*Inform complainant that if complaint is regarding patient care, anonymity is not possible.

Complainant's information

Name: _____

Address: _____

Phone: _____

Calling on behalf of: Self 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? (What happened?) Include additional pages if necessary



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What is the name of the Ambulance Service?

When did the event(s) of concern happen? 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(s), such as other staff, volunteers, family, friends, other patients, law enforcement, fire personnel, physicians, or bystanders?
0 Yes 0 No

Were there any witnesses to the incident(s)? 0 Yes No

If there were witnesses, who were they?

Have you taken any actions? 0 Yes 0 No

If so, what actions have been taken?

Did you speak with anyone from the ambulance service? 0 Yes 0 No

If so, who did you speak with?



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Has the ambulance service tried to address the situation? 0 Yes 0 No

If so, what has been done, if anything?

Are any law enforcement agencies involved? 0 Yes 0 No

Do you know if the incidents have happened before? 0 Yes 0 No

If so, please explain:

May we contact you again if further questions arise? 0 Yes 0 No



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OFFICE USE ONLY

Complaint information taken by (please print): _____

Signature: _____

Comments: _____

Notifications:

Medical Director notified in writing. Date sent: ____/____/____

Date due back to the County ____/____/____

CDPHE notified (if EMT or Medical Director complaint).

Date sent: ____/____/____

Other Counties notified. Date sent: ____/____/____

(please select): Adams Arapahoe Boulder Broomfield Douglas
Elbert Jefferson Other _____

MH RETAC / FRETAC - Date sent: ____/____/____

Law Enforcement notified if required. Date sent: ____/____/____

Law Enforcement Agency notified: _____

Resolution:

Medical Director investigation and resolution documentation received on

Date: ____/____/____

Case closed on ____/____/____

Closed by (please print): _____

Signature: _____

SUBMIT