STRATFORD EMS

PUBLIC COMPLAINT FORM

Please be advised that Stratford EMS also participates in a patient satisfaction survey system that is managed by a third party organizer – "EMS Survey Team". If you were transported, you may receive mail or text with an opportunity to share your positive feedback and/or opportunities for enhancement using that system. Please describe your concern as completely as possible. If an item is unknown or does not apply, leave it blank. Use an additional page if needed. *This form is not monitored for emergencies; call 911 for immediate assistance.*

1. Your Contact Information

Name: _____

Phone: _____ Email: _____

Mailing address: _____

Relationship to incident (patient, family member, witness, other): _____

Preferred contact method: ☐ Phone ☐ Email ☐ Mail ☐ No follow-up requested

2. Incident Information

Incident date: _____ Approximate time: _____

Location: _____

Patient name (if relevant): _____

EMS personnel / ambulance number (if known): _____

Incident or report number (if known): _____

3. Describe Your Concern

What happened, who was involved, and what would you like us to review? Include any relevant witnesses or supporting documents. Please avoid including Social Security numbers or unnecessary medical details.

4. Requested Resolution

5. Acknowledgment

The information provided is accurate to the best of my knowledge. I understand that Stratford EMS may contact me for clarification and that privacy requirements may limit the information shared about the review or its outcome.

Signature (if provided): _____ Date: _____

Submit to: EMS Administrative Office | emsadmin@stratfordems.org | 203-385-4060 | 2712 Main Street, Stratford, CT 06615 USA

FOR SEMS USE ONLY

Received: _____ Received by: _____ Reference #: _____

Assigned to: _____ Follow-up date: _____