

State of New Mexico Emergency Medical Systems Bureau Complaint Form



MAIL, FAX, OR E-MAIL COMPLETED FORM TO:

NEW MEXICO DEPARTMENT OF HEALTH ATTN: EMS ENFORCEMENT SECTION	(DO NOT FILL IN, BUREAU USE ONLY)
Emergency Medical Systems Bureau	DATE COMPLAINT FORM RECEIVED:
1301 Siler Rd., Building F	
Santa Fe, New Mexico 87507	
Office: 505-476-8246	DATE REFERRED FOR INVESTIGATION:
Fax: 505-471-2122	
Email: solange.pihut@state.nm.us	
EMS Service (Ground & Air), EMS Training Program, or E address or fax number displayed above. If your complaint a Emergency Medical Systems in New Mexico, an investigate	Emergency Medical Technician, Emergency Medical Dispatcher, EMS Instructor. Please submit the completed form to the mailing appears to show a violation of the statutes or rules related to or will contact you for further information during the course of the plaint, the complaint may be referred to another Department office
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COMPLAINT FORM

Name of person making complaint:
Mailing address of person making complaint:
City, State, Zip of person making complaint:
Phone number(s) of person making complaint:
E-mail address of person making this complaint:
Your Relationship to the subject of complaint (Patient, Family of Patient, Coworker, Employee,
Employer, Receiving Facility, Bystander):
Licensee or EMS Service Name (Alleged Violator):
License Type: (Emergency Medical Technician (EMSFR, Basic, Intermediate, Paramedic), Emergency Medical Dispatcher, EMS Service (Air & Ground), Training Program, Instructor):
Alleged violator's employer (if known):
Alleged violator's physical address (if known):
Alleged violator's City, State, Zip (if known):



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Allege	d violator's phone numbers (if known):
Date o	f incident:
	Name (if applicable):
Patient	record number (if known):
	Relationship to the patient (if applicable):
Names	of Witness #1:
	ss #1Address:
	ss #1 Phone Numbers:
Names	of Witness #2:
	ss #2 Address:
	ss #2 Phone Numbers:
	ions to be addressed in the narrative:
1.	What happened, who was involved (i.e. staff, family, visitors, other patient(s), bystanders, etc)?
2.	Are there any witnesses to the incident? (If so, List names, addresses and phone numbers.)
3.	Did you report your concerns to the EMS service provider or its EMS staff? (If so, List names, addresses.)
4.	Are law enforcement agencies involved? (If so, List names and office locations and names of agents spoken to.)
5.	Are any other state agencies involved? (If so, List names and office locations and phone numbers of agents spoken to.)
6.	Did the Emergency Medical Provider try to help you resolve the issues? (If so, describe its response.)
7.	Do you have knowledge that any similar incidents have happened before? (If so, describe in detail those events, including specific times, dates, locations, names of witnesses, how you become of aware of the incidents, etc.)
Note:	This Department does not have regulatory authority over EMS charges or billing disputes.
	<u>NARRATIVE</u> (Enter as much Narrative as Needed)



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ATTACH ADDITIONAL SHEETS IF NE	ECECCA DV	
PLEASE NUMBER ALL PAGES (Examp	pie: Page 3 of 3)	
	all statements provided on this complaint form and any	
	Bureau are true, accurate, and complete to the best of my	
knowledge and belief.		
Complainant Signature	Date	

Information, documents and records received by the Department or prepared by the Department in connection with an investigation relating to an EMT or EMS Service are considered confidential and not subject to public inspection or civil discovery, unless and until the EMS Licensing Commission authorizes the EMS Bureau to initiate an action in the case of personnel licensure. 7.27.2.13(G)(6)(a) NMAC. If the EMS Licensing Commission authorizes that an action be taken by the EMS Bureau, those investigation materials that are not considered exempt under the Inspection of Public Records Act at NMSA § 14-2-1 *et seq.*, or otherwise privileged or confidential under applicable laws, will be made available for public inspection. If the EMS Licensing Commission does not authorize the EMS Bureau to initiate an action, investigation materials will remain confidential and not available for public inspection.

Except as provided above, during the course of an investigation or enforcement action, the name of the complainant is public record unless the Department determines that the release of the complainant's name may result in substantial harm to any person or to the public health or safety.

(End of Form)