

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? Yes No

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

If there were witnesses, who were they?

Have you taken any actions? Yes No

If so, what actions have been taken? _____

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

If so, who did you speak with? _____

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

If so, what has been done, if anything? _____

Are any law enforcement agencies involved? Yes No

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

If so, please explain: _____

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

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 circle): Adams Arapahoe Denver Douglas Denver 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 ____/____/____

Case closed on ____/____/____ Closed by (please print): _____

Signature: _____