



Emergency Medical Services Complaint Form

Instructions:

The Maine EMS Board investigates complaints against individuals and agencies within the Maine EMS System in accordance with M.R.S. Title 32 Ch. 2-B. A complaint may be made against any of the following types of services:

- A transporting service
- A non-transporting service
- An emergency medical dispatch center
- A training center

As well as any individual EMS license holders at the following levels:

- Emergency Medical Responder
- Emergency Medical technician
- Advanced EMT
- Paramedic
- Emergency Medical Dispatcher
- Instructor Coordinator

IMPORTANT NOTE:

The Department of Public Safety, or Maine Emergency Medical Services does not have jurisdiction over EMS billing practices and therefore does not investigate billing complaints.

Pursuant to 32 M.R.S. § 91-B, complaints remain confidential during the pendency of an investigation. However, to investigate your complaint appropriately, it may be necessary to contact you. Providing your personal contact information will allow Maine EMS staff to contact you if necessary. Additionally, it may be necessary for Maine EMS Staff to speak with or receive statements from, witnesses, medical staff, or other involved parties.

The complaint and the complaint file become public upon the conclusion of an investigation, unless confidentiality is required by some other provision of law. However, patient treatment records obtained during investigation typically remain confidential, unless the release of those records is required by law.

To file a complaint, please complete this form, and scan & email, mail or fax it to:

Maine EMS, Attn: Investigations
 152 State House Station Augusta, Maine 04333-0152
 Fax: 207-287-6251 Email: ems.licensure@maine.gov

- Excellence
- Support
- Collaboration
- Integrity
-

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

Contact Information:

First name: Last name: Date:
Address:
City: State: Zip Code:
Phone Number: Alternative Phone Number:
Email Address:

Patient Information (required for patient care complaints).

Patient Name:
How Are you related to the patient (if applicable)?

Complaint Information:

Date on which the event occurred:
Name of EMS Agency:
Name of EMS Provider(s) (if known):
Was law enforcement involved?
If yes, name of law enforcement agency:
Have you filed a complaint with the EMS Agency or provider?
(Please attach any correspondences)
Have you filed a complaint with anyone else?
If yes, with whom?
Was your concern resolved?
Are other patients affected by your concern?

Please list any witnesses

Name: Phone Number:

Name: Phone Number:

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Please describe your complaint in detail. Use additional pages if necessary.

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