

IREDELL COUNTY EMS SYSTEM
Citizen Complaint Intake/Investigation Report

Date Complaint is Made: _____ Time of Complaint: _____

Complaint Taken By: _____ Signature: _____

Method of Complaint: _____ Phone, _____ Office, _____ Scene, _____ Other (describe) _____

Complainant Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

Complainant is: (circle) Patient Family Member Responder Press Bystander Other

Date of Occurrence: _____ Time: _____

Location of Occurrence: _____

Nature of Complaint:

Witnesses:

Involved Employee(s): _____

Call Number: _____ Dispatch Tape Requested: _____ Yes, _____ No

(Circle) Initially Referred to _____, or Investigated by Receiving Party

Investigation Conducted by: _____

Persons Interviewed: (attach copies)

Investigator's Findings:

Investigator's Determination: _____ **Valid,** _____ **Not Valid,** _____ **Unknown**

Follow Up Made With Complainant: _____ **(date)** _____ **(time)**

Action(s) Taken:

Was Employee(s) Made Aware of Due Process Ability? _____ **Yes,** _____ **No**

Status: _____ **Case Closed,** _____ **Active and Turned Over To** _____

Other Notes:

Investigator Signature: _____ **Printed Name:** _____

Date Submitted: _____ **Time Submitted:** _____