

**IREDELL COUNTY EMS SYSTEM**  
*Citizen Complaint Intake/Investigation Report*

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Date Complaint is Made: \_\_\_\_\_ Time of Complaint: \_\_\_\_\_

Complaint Taken By: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

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Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Nature of Complaint:

Witnesses:

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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:** \_\_\_\_\_