



State of Louisiana
Louisiana Department of Health
Office of Public Health

Complaint Information Form

PROCEDURES FOR FILING A COMPLAINT AGAINST AN EMS PROVIDER
LICENSED BY THE LOUISIANA DEPARTMENT OF HEALTH, OFFICE OF
PUBLIC HEALTH, BUREAU OF EMS:

Please complete the complaint form in its entirety. Please provide the details of your complaint (i.e. exactly what happened). If the complaint involved an incident with a staff member or department of the facility/agency, please be sure to indicate the name of the staff person involved and their title (Paramedic, EMT, etc.), and the date that it occurred.

All complaint forms that are received by the Bureau of EMS are reviewed and a determination is made as to the course of action. The Department's jurisdiction is contained in R.S. 40:2009.14, "the Department must review the report and determine whether there are reasonable grounds for an investigation. No report shall be investigated if, in the office's judgment it is not made in good faith, is outdated, or is trivial, or if the report is not within the investigating authority of the office." Once the complaint report is reviewed, the complainant will receive a written notice of the Department's decision.

If a complaint has already been filed directly with the facility/agency, please allow the facility/agency approximately 30 days to investigate the complaint and provide a response with their findings. After giving the facility approximately 30 days to reply, if no written response is received, contact our office to file a complaint. We request that a copy of the letter that was mailed to the facility/agency be included with the complaint form.

(revised 06/11/2024)

Complaint Form

(Please complete all sections to the best of your ability)

| Complainant's Information | |
|--|---|
| Date Form was Completed: | Name of Person Filing Complaint: <input type="checkbox"/> <i>Anonymous*</i> (Check if you wish to be anonymous and skip to Facility/Agency Information) |
| Relationship to Patient Named in this Complaint: | If you are staff at the Agency Named in the Complaint, what is your status now? <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee |
| Complainant's Street Address or P.O. Box: | |
| City: | |
| State: | |
| Zip: | |
| Phone Home: | Work: |
| Cell: | Other: |
| Email Address: | |
| Agency Information | |
| Name of Facility/Agency Primarily Involved: | |
| Street Address of Facility/Agency: | |
| City: | |
| Zip: | |
| If more than one facility/agency was involved, please list additional facilities/agencies along with the address and city: | |
| Patient Whom Complaint is About | |
| Patient's Full Name: | |
| Patient's Age: | |
| Patient's Date of Birth: | |
| Details of the Event: | |
| Date(s) of Event(s): | |
| Names of Staff Members Involved in Event(s) (if known): | |
| Event Areas of Concern (check off here and describe in the next section): | |
| <input type="checkbox"/> Death <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Restraints/Seclusion <input type="checkbox"/> Emergency Services <input type="checkbox"/> Other | |

***If you choose to remain Anonymous, you will *not* be contacted by this office**

Details of the event. You may attach additional pages as needed):

I hereby give permission for the Louisiana Department of Health, Office of Public Health, Bureau of EMS to review and take action on this complaint.

Signature of Individual Submitting Complaint

Date

| |
|--|
| <p>Did you report this event to anyone at the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide the following information: Name & Title of the person to whom you reported: Date reported: Reporting Method (please mark all that apply): <input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Other (Describe):</p> |
| <p>If No, are you considering filing a complaint with the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If No please provide the reason that you are not filing a complaint with the facility/agency:</p> |
| <p>Have you received any communication from the agency regarding these concerns? If so, the method used to contact you was (please mark all that apply): <input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Other: <p><i>*****If possible, please submit a copy of the facility/agency's communication with this complaint*****</i></p> </p> |

Submit this form by one of the following methods:

Mail

Bureau of EMS
 Attn: Compliance Coordinator
 7273 Florida Blvd.
 Baton Rouge, LA 70806

Fax:

(225) 925-7244

Email:

Co dwæpegUkpfctfu@la.gov