



**State of New Mexico  
Emergency Medical Systems Bureau  
Complaint Form**



**MAIL, FAX, OR E-MAIL COMPLETED FORM TO:**

NEW MEXICO DEPARTMENT OF HEALTH  
ATTN: EMS ENFORCEMENT SECTION  
Emergency Medical Systems Bureau  
1301 Siler Rd., Building F  
Santa Fe, New Mexico 87507  
  
Office: 505-476-8246  
Fax: 505-471-2122  
Email: [solange.pihut@state.nm.us](mailto:solange.pihut@state.nm.us)

**(DO NOT FILL IN, BUREAU USE ONLY)**

**DATE COMPLAINT FORM RECEIVED:**

**DATE REFERRED FOR INVESTIGATION:**

This form may be used to submit a complaint regarding an Emergency Medical Technician, Emergency Medical Dispatcher, EMS Service (Ground & Air), EMS Training Program, or EMS Instructor. Please submit the completed form to the mailing address or fax number displayed above. If your complaint appears to show a violation of the statutes or rules related to Emergency Medical Systems in New Mexico, an investigator will contact you for further information during the course of the investigation process. Depending on the nature of the complaint, the complaint may be referred to another Department office or to another state regulatory agency or board.

**EMERGENCY MEDICAL SYSTEMS  
COMPLAINT FORM**

Name of person making complaint: \_\_\_\_\_

Mailing address of person making complaint: \_\_\_\_\_

City, State, Zip of person making complaint: \_\_\_\_\_

Phone number(s) of person making complaint: \_\_\_\_\_

E-mail address of person making this complaint: \_\_\_\_\_

Your Relationship to the subject of complaint (Patient, Family of Patient, Coworker, Employee, Employer, Receiving Facility, Bystander):  
\_\_\_\_\_

Licensee or EMS Service Name (Alleged Violator): \_\_\_\_\_

License Type: (Emergency Medical Technician (EMSFR, Basic, Intermediate, Paramedic),  
Emergency Medical Dispatcher, EMS Service (Air & Ground), Training Program, Instructor):  
\_\_\_\_\_

Alleged violator's employer (if known): \_\_\_\_\_

Alleged violator's physical address (if known): \_\_\_\_\_

Alleged violator's City, State, Zip (if known): \_\_\_\_\_



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Alleged violator's phone numbers (if known): \_\_\_\_\_

Date of incident: \_\_\_\_\_

Patient Name (if applicable): \_\_\_\_\_

Patient record number (if known): \_\_\_\_\_

Your Relationship to the patient (if applicable): \_\_\_\_\_

Names of Witness #1: \_\_\_\_\_

Witness #1 Address: \_\_\_\_\_

Witness #1 Phone Numbers: \_\_\_\_\_

Names of Witness #2: \_\_\_\_\_

Witness #2 Address: \_\_\_\_\_

Witness #2 Phone Numbers: \_\_\_\_\_

**Questions to be addressed in the narrative:**

1. What happened, who was involved (i.e. staff, family, visitors, other patient(s), bystanders, etc)?
2. Are there any witnesses to the incident? (If so, List names, addresses and phone numbers.)
3. Did you report your concerns to the EMS service provider or its EMS staff? (If so, List names, addresses.)
4. Are law enforcement agencies involved? (If so, List names and office locations and names of agents spoken to.)
5. Are any other state agencies involved? (If so, List names and office locations and phone numbers of agents spoken to.)
6. Did the Emergency Medical Provider try to help you resolve the issues? (If so, describe its response.)
7. Do you have knowledge that any similar incidents have happened before? (If so, describe in detail those events, including specific times, dates, locations, names of witnesses, how you become of aware of the incidents, etc.)

**Note: This Department does not have regulatory authority over EMS charges or billing disputes.**

**NARRATIVE** (Enter as much Narrative as Needed)

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