

EMERGENCY MEDICAL REPONDER EMERGENCY MEDICAL TECHNICIAN PSYCHOMOTOR EXAMINATION COMPLAINT FORM

I wish to file a formal complaint based upon the following information in accordance with OEMS policy that was explained to me during the "Candidate's Orientation to the Psychomotor Examination." I fully understand that the decision of the Quality Assurance Committee is final and agree to abide by the Quality Assurance Committee's final and official decision.

Skill(s) in question:		
Summary of Circumstances:		
Name:	Signature:	
Date:		
	te advises you to stay on-site during deliberations of this lator informs you of the Quality Assurance Committee's	

Updated 7.2022