

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: _____

NOTE: The Quality Assurance Committee advises you to stay on-site during deliberations of this complaint. Do not leave this site until the Exam Coordinator informs you of the Quality Assurance Committee's official decision.