



**Wyoming Office of Emergency  
Medical Services  
Complaint Form**

Submit to:  
Wyoming Office of EMS  
Compliance Section  
6101 Yellowstone Road, Suite 400  
Cheyenne, Wyoming 82002  
Fax: 307-777-5639  
Email: [ems-licensing@wyo.gov](mailto:ems-licensing@wyo.gov)

The Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977" W.S. 33-36-101 Chapter 16, Section 12, part (d) state: "The Division may initiate investigations or proceedings under this section on its own motion or on the written or oral complaint of any person. The identity of a complainant is confidential. The Division shall make reasonable efforts to protect the identity of a complainant. The Division shall not disclose identifying information related to a complainant except upon waiver by the complainant, court order, request of law enforcement, or request of the Attorney General's Office." Depending on the nature of the complaint, it may be referred to another department office or another state regulatory agency or board.

*Please fill out as thoroughly as possible. You may also include additional information on separate sheets of paper.*

**Complaint Filed By**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Hospital/Staff	Training Program	Air EMS Service	Ground EMS Service	Other:
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*Please fill out as thoroughly as possible. You may also include additional information on separate sheets of paper.*

**Filed Against**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

*Please describe the complaint below. Attach additional pages if necessary.*

**Nature of Complaint**

Date(s) incident occurred: \_\_\_\_\_  
 Time(s) incident occurred: \_\_\_\_\_  
 Location(s) incident occurred: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 OEMS Case #: \_\_\_\_\_