



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

Submit to:
Wyoming Office of EMS Compliance
Section
122 West 25th Street, Suite 102E
Cheyenne, Wyoming 82002
Email: wdh-ems-compliance@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 #: _____