
Emergency Medical Services Compliment / Complaint Comment Form

Instructions: Please provide as much information as possible. This form can be filled-in either online or printed then filled-in by hand. This form can be submitted via mail, email or fax.

Nelson County EMS
Attn: EMS Director
1301 Atkinson Hill Avenue
Bardstown, KY 40004

Email: Shiftleader@gmail.com

Fax: (502) 348-4929

The following information is being submitted to Nelson County EMS as (select one):

- A compliment regarding an interaction with EMS personnel
- A complaint regarding an interaction with EMS personnel

Person Submitting the Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Interaction Details:

IF YOU WERE NOT THE PATIENT, PLEASE INDICATE THE PATIENT'S NAME AND PHONE NUMBER:

YOUR RELATIONSHIP TO THE PATIENT: DATE & TIME OF THE INTERACTION: EMS SQUAD NUMBER:

LOCATION OF INTERACTION WITH EMS CREW:

NAME(S) AND OR BADGE NUMBER(S) OF EMS PERSONNEL, IF KNOWN:

DETAILED DESCRIPTION OF INTERACTION:

IF you are filing a complaint, please provide additional information as indicated below:

Convenient time of day for you to be interviewed: Morning Afternoon Evening

If there were other witnesses to this incident, enter the names and daytime phone numbers of up to five other person(s) that can verify this complaint

Witness Name/Phone No: _____

Witness Name/Phone No: _____

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