

# ***EMT Practical Examination Complaint Report Form***



Candidate: \_\_\_\_\_ Exam Site: \_\_\_\_\_

Date: \_\_\_\_\_ Skill: \_\_\_\_\_

Examiner: \_\_\_\_\_ Examiner Phone #: \_\_\_\_\_

After reviewing the facts as presented, the District's official decision is as follows:

- Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s).
- Complaint is not valid after consideration of the facts and all results in question stand as reported.

\_\_\_\_\_  
Signature of District EMS Official

As the complainant, I have been informed of the District's official and final decision.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

### *Quality Assurance Committee.*

In cases where a specific performance, treatment protocol, or other situations arise in which the District EMS Official needs assistance to objectively make a final determination, he/she may convene a meeting of the Quality Assurance Committee. The Committee has met and discussed all matters related to the specific situation in question. Each member has one vote with the majority vote ruling as the official decision of the Quality Assurance Committee. The District EMS Official has completed the Quality Assurance Committee Review Form and will submit it along with all other examination materials to the District's EMS Division.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the official decision by the District EMS Official.

\_\_\_\_\_  
Signature or name of District's State EMS Officer

\_\_\_\_\_  
Signature of Examination Coordinator

*This form should be submitted to the District EMS Official with all examination materials.*