



EMS INVESTIGATION REQUEST FORM

Person Requesting Investigation:

Contact Information:

Incident Date and Time:

Incident Location:

Hospital Medical Record Number
(if available):

Individuals and Agency Involved in
Incident:

Section Number of ordinance, policy,
or procedure that was violated:

Complaint/ Allegation
(attach additional sheets if necessary):

I believe that the above is accurate and true, and herby request that the Alaska Office of EMS investigate the incident.

Date/ Signature

SUBMIT FORM HERE

Submit completed form and all other attachments by using the **Submit Form Here** button above or by attaching the document(s) to an email to the State Office of EMS:
todd.mcdowell@alaska.gov and sondra.leclair@alaska.gov.

STATE OF ALASKA
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P.O. Box 110616 • Juneau, Alaska 99811-0616
Main: 907.465.3140