EMT-BASIC PRATICAL EXAMINATION COMPLAINT FORM

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
(8/2015)

I wish to file a formal complaint based upon the following information to DEMST policy and procedure which was explained to me during the orientation phase of the examination process. I fully understand that the decision of the Quality Assurance Committee is final and agree to abide by the Quality Assurance Committee's final and official decision.

Skill(s) In Question	
Summary of Circumstances: (Use back if necessary.)	
Name	Date
Signature	

Note: It is required that you stay on-site until a final decision is rendered by the Quality Assurance Committee. Do not leave the site under you have been contacted by the State EMS Testing Representative.

State EMS Test Representative	Date
Signature	