



UTAH DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services and Preparedness
Complaint Compliance and Enforcement Unit

CCEU Complaint/Investigation process

The Bureau of Emergency Medical Services and Preparedness has a program in which people, organizations, or agencies can file a complaint. These are submitted to and handled by the Complaint Compliance and Enforcement Unit (CCEU).

When to file a complaint

Utah has a very competent and professional pre hospital EMS and medical transport system. But, if you experience concerns or issues in the system, and believe that a provider's performance or professional behavior is not acceptable, you can file a complaint with the CCEU for investigation.

State of Utah and the Department's responsibilities

The Bureau tests and Certifies/Licenses EMS Personnel in the State of Utah. They also oversee and inspect vehicles of Emergency Medical Services agencies. The CCEU is responsible for investigating complaints related to EMS providers as well as ensuring compliance within the Emergency Medical Services pre hospital system.

We cannot assist you with civil or criminal matters and do not represent you as an individual. The EMS laws and rules requires that we act on behalf of the citizens of the State of Utah. Title 26 of the Utah State Code is the enabling statute that authorizes the bureau and the EMS committee to regulate a provider's ability to practice in the State of Utah. The law that mandates the bureau to oversee the EMS system and authorizes for action to be taken on a license or even civil penalties issued, but does not allow for criminal penalties or civil damages. Any person seeking to recover fees or monetary remedies for injuries should consult an attorney regarding those matters.

Filing a complaint

While we hope that you will never have to file a complaint against an EMS provider. Please read the attached form carefully and fill it out in its entirety. All materials received in connection with the complaint will become property of the Utah Department of Health and cannot be returned. Whenever possible information about the complainant will be kept confidential.

We cannot initiate a complaint without a completed and signed form. Please return the form as promptly as possible. Email this form along with any supporting documentation to rgedwards@utah.gov or mail to the address below.

**Utah Bureau of EMS
Complaint, Compliance and Enforcement Unit
PO BOX 142004
Salt Lake City Utah 84114-2004**

Results of investigation

When the investigation is completed and a determination made by the CCEU that a significant violation has occurred, disciplinary action will be pursued. Providers and agencies will be given the proper due process to appeal such actions.

Once a decision has been reached at the closing of the investigation, the CCEU will notify you of the findings. The content of such letter varies depending on the circumstances of the complaint, however they generally contain the following types.

1. There was no violation of Utah law or EMS rules that would lead to disciplinary action, but the practitioner has been informed of any concerns raised by the investigation.
2. There was a violation of either Utah law or EMS rules and a formal disciplinary action was taken, the actions are included in a public record, and reported.



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Complaint Form

Person filing complaint (if agency please complete agency supplemental as well):

Name: _____

Address: _____

Street

City

State

Zip code

Personal Telephone: _____ Work Telephone: _____

Email Address: _____

**Party you are filing the complaint against:
(EMS provider's name, either person or service)**

Name: _____

Address: _____

Street

City

State

Zip code

Telephone: _____ License # (if known) _____

Email Address (if known): _____

Name of patient (if other than yourself, if relevant):

Address: _____

Street

City

State

Zip code

Phone: _____ . Email address: _____

Relationship of person filing the complaint to the patient (if relevant):

NOTE: If other than patient or parent of minor patient, please provide documentation indicating appointment of legal authority / Guardianship.

Nature of complaint: _____

Have you attempted to contact the EMS provider concerning your complaint? Yes ☐ No ☐ Date: _____

Would you be willing to testify if this matter goes to formal hearing or court? Yes ☐ No ☐

Complainant signature: _____ **Date:** _____

NOTE: In order to complete a proper, thorough and professional investigation and to provide an appropriate outcome we need as much information as possible.

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Complainant signature:_____ **Date:**_____

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Complainant signature:_____ **Date:**_____