



## Bureau of Emergency Medical and Trauma Services

### NOTICE OF COMPLAINT

To file a complaint with the Bureau of Emergency Medical and Trauma Services please complete both pages of this form and attach all applicable supporting documents such as; witness statements correspondence, and other information you feel is pertinent to this complaint. Upon receipt of your complaint, the Department will review case facts and determine if this complaint can be investigated and if so, assign it for investigation. If not, you will be notified of this fact. **This form must be completed either electronically or with an ink pen.**

**To electronically send the complaint:**

Complete the form, attach supporting documents, and attach it to an email. Send the email to: [travis.clark@hhs.iowa.gov](mailto:travis.clark@hhs.iowa.gov)

**To mail the complaint:**

Please sign, date and mail all information to the following address:  
Iowa Department of Health and Human Services – Public Health Division/BEMTS  
Attn: Travis Clark  
321 East 12th Street  
Des Moines, IA 50319

If you have questions regarding this complaint, please call: (515) 322-6161

Your Name:	Complaint Against:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

**For Internal Use Only:**

Case No.: \_\_\_\_\_  
Investigator: \_\_\_\_\_

Date Assigned: \_\_\_\_\_  
Action Taken: \_\_\_\_\_

Complaint details (use additional paper if needed). Include dates, addresses, phone numbers, witnesses, etc.: