

**Naugatuck Emergency Medical Services
Oversite Committee**

Complaint\Commendation Report

Name

Address

City, State

Phone

Email

Is this a commendation or complaint?

_____ Complaint

_____ Commendation

Date of incident

Time of Incident

Location of incident

Do you know the names of the
EMS workers involved?

Name of ambulance service
that is involved

Details

Please be as specific as possible-use back of form or attach additional sheets. Do not disclose personal medical information unless relevant to the complaint or commendation

Submit to EMS Oversight Committee, 229 Church Street, Naugatuck, CT 06770

Please do not email this form